

THIS REPORT IS REQUIRED BY LAW (42 USC 1395g; 42 CFR 413.20(b)).  
FAILURE TO REPORT CAN RESULT IN ALL INTERIM PAYMENTS MADE SINCE  
THE BEGINNING OF THE COST REPORT PERIOD BEING DEEMED OVERPAYMENTS  
(42 USC 1395g).

WORKSHEET S  
PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX	I	PROVIDER NO:	I	PERIOD	I	INTERMEDIARY USE ONLY	I	DATE RECEIVED:
COST REPORT CERTIFICATION	I	14-1319	I	FROM 6/ 1/2009	I	--AUDITED --DESK REVIEW	I	/ /
AND SETTLEMENT SUMMARY	I		I	TO 5/31/2010	I	--INITIAL --REOPENED	I	INTERMEDIARY NO:
					I	--FINAL 1-MCR CODE	I	
					I	00 - # OF REOPENINGS	I	

ELECTRONICALLY FILED COST REPORT

DATE: 10/25/2010 TIME 11:17

## PART I - CERTIFICATION

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED BY THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WHERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

## CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY:

HAMMOND-HENRY HOSPITAL

14-1319

FOR THE COST REPORTING PERIOD BEGINNING 6/ 1/2009 AND ENDING 5/31/2010 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

-----  
ECR ENCRYPTION INFORMATION

DATE: 10/25/2010 TIME 11:17

RS7tOGxHuoywSa2SUKNhQ3OMDY6ya0  
5TnFg0Nd3YSjDo3AyJbbz7apzt7Uhd  
l:jy0QPX20qqD6R-----  
PI ENCRYPTION INFORMATION

DATE: 10/25/2010 TIME 11:17

fbmknTRMyHVU0OPv5Pw1K3Twwau140  
ZSrsa061XccuxfMBw160wQL652.qy  
u4Ai4.1Yva0hdwiB  
-----\_\_\_\_\_  
OFFICER OR ADMINISTRATOR OF PROVIDER(S)\_\_\_\_\_  
TITLE\_\_\_\_\_  
DATE

## PART II - SETTLEMENT SUMMARY

	TITLE V		TITLE XVIII		TITLE XIX
	1	A 2	B 3	4	
1	HOSPITAL	0	122,283	277,689	0
3	SWING BED - SNF	0	68,820	0	0
5	HOSPITAL-BASED SNF	0	0	0	0
7	HOSPITAL-BASED HHA	0	0	97	0
100	TOTAL	0	191,103	277,786	0

THE ABOVE AMOUNTS REPRESENT "DUE TO" OR "DUE FROM" THE APPLICABLE PROGRAM FOR THE ELEMENT OF THE ABOVE COMPLEX INDICATED

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0050. The time required to complete this information collection is estimated 662 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: Centers for Medicare & Medicaid Services, 7500 Security Boulevard, N2-14-26, Baltimore, MD 21244-1850, and to the Office of the Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

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AND SETTLEMENT SUMMARY	I		I	TO 5/31/2010	I	--INITIAL --REOPENED	I	INTERMEDIARY NO:
					I	--FINAL 1-MCR CODE	I	
					I	00 - # OF REOPENINGS	I	

ELECTRONICALLY FILED COST REPORT

DATE: 10/21/2010 TIME 17:12

## PART I - CERTIFICATION

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\_\_\_\_\_  
OFFICER OR ADMINISTRATOR OF PROVIDER(S)\_\_\_\_\_  
TITLE\_\_\_\_\_  
DATE

## PART II - SETTLEMENT SUMMARY

	TITLE V		TITLE XVIII		TITLE XIX
	1	A 2	B 3		4
1	HOSPITAL	0	122,283	277,689	0
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100	TOTAL	0	191,103	277,786	0

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

1 STREET: 600 N. COLLEGE AVENUE	P.O. BOX:	
1.01 CITY: GENESEO	STATE: IL	ZIP CODE: 61254-1099 COUNTY: HENRY

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION;				PAYMENT SYSTEM (P,T,O OR N)		
COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	V	XVIII
0	1	2	2.01	3	4	5
02.00 HOSPITAL	HAMMOND-HENRY HOSPITAL	14-1319		6/ 4/2002	N	O
04.00 SWING BED - SNF	HAMMOND-HENRY SWING BED	14-2319		5/21/2003	N	O
06.00 HOSPITAL-BASED SNF	HAMMOND-HENRY SKILLED NURSING	14-5464		6/ 1/1983	N	P
09.00 HOSPITAL-BASED HHA	HAMMOND-HENRY HOME HEALTH SERVICES	14-7450		6/ 5/1986	N	P

17	COST REPORTING PERIOD (MM/DD/YYYY)	FROM: 6/ 1/2009	TO: 5/31/2010	1	2
18	TYPE OF CONTROL			11	

TYPE OF HOSPITAL/SUBPROVIDER				
19	HOSPITAL			1
20	SUBPROVIDER			

OTHER INFORMATION

21 INDICATE IF YOUR HOSPITAL IS EITHER (1)URBAN OR (2)RURAL AT THE END OF THE COST REPORT PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO.

21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE HOSPITAL ADJUSTMENT IN ACCORDANCE WITH 42 CFR 412.106? ENTER IN COLUMN 1 "Y" FOR YES OR "N" FOR NO. IS THIS FACILITY SUBJECT TO THE PROVISIONS OF 42 CFR 412.106(c)(2) (PICKLE AMENDMENT HOSPITALS)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. N

21.02 HAS YOUR FACILITY RECEIVED A NEW GEOGRAPHIC RECLASSIFICATION STATUS CHANGE AFTER THE FIRST DAY OF THE COST REPORTING PERIOD FROM RURAL TO URBAN AND VICE VERSA? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, ENTER IN COLUMN 2 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS).

21.03 ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1)URBAN OR (2)RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHICAL RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (MM/DD/YYYY)(SEE INSTRUCTIONS) DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 "Y" OR "N". ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA. 2 Y

21.04 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 2

21.05 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 2

21.06 DOES THIS HOSPITAL QUALIFY FOR THE 3-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL; UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA §5105 OR MIPPA §147? (SEE INSTRUC) ENTER "Y" FOR YES, AND "N" FOR NO. N

21.07 DOES THIS HOSPITAL QUALIFY AS A SCH WITH 100 OR FEWER BEDS UNDER MIPPA §147? ENTER "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS)

21.08 WHICH METHOD IS USED TO DETERMINE MEDICAID DAYS ON S-3, PART I, COL. 5 ENTER IN COLUMN 1, "1" IF IT IS BASED ON DATE OF ADMISSION, "2" IF IT IS BASED ON CENSUS DAYS, OR "3" IF IT IS BASED ON DATE OF DISCHARGE. IS THIS METHOD DIFFERENT THAN THE METHOD USED IN THE PRECEEDING COST REPORTING PERIOD? ENTER IN COLUMN 2, "Y" FOR YES OR "N" FOR NO.

22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? N

23 DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW. N

23.01 IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /

23.02 IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /

23.03 IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /

23.04 IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /

23.05 IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE. / / / /

23.06 IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /

23.07 IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /

24 IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 2 AND TERMINATION DATE IN COLUMN 3 (MM/DD/YYYY) / /

24.01 IF THIS IS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COLUMN 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER 12/26/2007) IN COLUMN 3 (mm/dd/yyyy). / /

25 IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE RECEIVING  
PAYMENTS FOR I&R? N

25.01 IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4? N

25.02 IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN  
EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET  
E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II.

25.03 AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS  
DEFINED IN CMS PUB. 15-I, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9. N

25.04 ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I. N

25.05 HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME FTE CAP (COLUMN 2) BEEN REDUCED  
UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER "Y" FOR YES AND "N" FOR  
NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS) N N

25.06 HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE  
RESIDENTS CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(C)? ENTER "Y"  
FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS (SEE INSTRUCTIONS) N N

26 IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT  
IN THE C/R PERIOD. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01.  
SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 0

26.01 ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /

26.02 ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /

27 DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913  
FOR SWING BEDS. IF YES, ENTER THE AGREEMENT DATE (MM/DD/YYYY) IN COLUMN 2. N / /

28 IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR  
THERE WERE NO MEDICARE UTILIZATION ENTER "Y", IF "N" COMPLETE LINES 28.01 AND 28.02 N

28.01 IF HOSPITAL BASED SNF, ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COLUMN 1.  
ENTER IN COLUMNS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER THE  
OCTOBER 1ST (SEE INSTRUCTIONS) 1 2 3 4  
100 0.8386 0.8312

28.02 ENTER IN COLUMN 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE(FROM YOUR FISCAL  
INTERMEDIARY) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PPS PAYMENT. IN COLUMN 2 ENTER  
THE FACILITY CLASSIFICATION URBAN(1) OR RURAL (2). IN COLUMN 3 ENTER THE SNF MSA CODE OR  
TWO CHARACTER STATE CODE IF A RURAL BASED FACILITY. IN COLUMN 4, ENTER THE SNF CBSA CODE  
OR TWO CHARACTER CODE IF RURAL BASED FACILITY 0.00 2 9914 99914

A NOTICE PUBLISHED IN THE "FEDERAL REGISTER" VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN  
INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE  
USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL  
EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN  
3. INDICATE IN COLUMN 2 "Y" FOR YES OR "N" FOR NO IF THE SPENDING REFLECTS INCREASES  
ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTR)

28.03 STAFFING % Y/N  
102.00% Y

28.04 RECRUITMENT 0.00%

28.05 RETENTION 0.00%

28.06 TRAINING 0.38% Y

29 IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE  
AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT? N

30 DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS  
HOSPITAL(CAH)? (SEE 42 CFR 485.606ff) Y

30.01 IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS AN RPCH/CAH?  
SEE 42 CFR 413.70 N

30.02 IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF  
PAYMENT FOR OUTPATIENT SERVICES? (SEE INSTRUCTIONS) N

30.03 IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR AMBULANCE  
SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST  
BE ON OR AFTER 12/21/2000). N

30.04 IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR I&R  
TRAINING PROGRAMS? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, THE GME ELIMINATION WOULD  
NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF  
YES COMPLETE WORKSHEET D-2, PART II N

31 IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42  
CFR 412.113(c). N

31.01 IS THIS A RURAL SUBPROVIDER 1 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42  
CFR 412.113(c). N

31.02 IS THIS A RURAL SUBPROVIDER 2 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42  
CFR 412.113(c). N

31.03 IS THIS A RURAL SUBPROVIDER 3 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42  
CFR 412.113(c). N

31.04 IS THIS A RURAL SUBPROVIDER 4 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42  
CFR 412.113(c). N

31.05 IS THIS A RURAL SUBPROVIDER 5 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42  
CFR 412.113(c). N

MISCELLANEOUS COST REPORT INFORMATION

32 IS THIS AN ALL-INCLUSIVE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) COL 2. N

33 IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER "Y" FOR YES AND "N" FOR NO  
IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO  
YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT? ENTER "Y" FOR YES AND "N" FOR  
NO IN COLUMN 2 N

34 IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40 (f)(1)(i) TEFRA? N

35 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N

35.01 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N

35.02 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N

35.03 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?

35.04 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?

PROSPECTIVE PAYMENT SYSTEM (PPS)-CAPITAL V XVIII XIX  
36 DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS) 1 2 3  
36.01 DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE N N N  
WITH 42 CFR 412.320? (SEE INSTRUCTIONS) N N N  
37 DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS) N N N  
37.01 IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF THE FED RATE? N N N  
  
TITLE XIX INPATIENT SERVICES  
38 DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES? Y  
38.01 IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? N  
38.02 DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY? N  
38.03 ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)? N  
38.04 DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX? N  
  
40 ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-I, CHAP 10? N  
IF YES, AND THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER IN COLUMN 2 THE CHAIN HOME  
OFFICE CHAIN NUMBER. (SEE INSTRUCTIONS). FI/CONTRACTOR NAME FI/CONTRACTOR #  
40.01 NAME: P.O. BOX:  
40.02 STREET: P.O. BOX:  
40.03 CITY: STATE: ZIP CODE: -  
41 ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A? Y  
42 ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N  
42.01 ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N  
42.02 ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N  
43 ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N  
44 IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPATIENT SERVICES ONLY? N  
45 HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILED COST REPORT? N 00/00/0000  
SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE IN COLUMN 2.  
45.01 WAS THERE A CHANGE IN THE STATISTICAL BASIS?  
45.02 WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?  
45.03 WAS THE CHANGE TO THE SIMPLIFIED COST FINDING METHOD?  
46 IF YOU ARE PARTICIPATING IN THE NHCMP DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF)  
DURING THIS COST REPORTING PERIOD, ENTER THE PHASE (SEE INSTRUCTIONS).

IF THIS FACILITY CONTAINS A PROVIDER THAT QUALIFIES FOR AN EXEMPTION FROM THE APPLICATION OF THE LOWER OF COSTS OR CHARGES, ENTER "Y" FOR EACH COMPONENT AND TYPE OF SERVICE THAT QUALIFIES FOR THE EXEMPTION. ENTER "N" IF NOT EXEMPT. (SEE 42 CFR 413.13.)

	PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC
	1	2	3	4	5
47.00 HOSPITAL	N	N	N	N	N
49.00 SNF	N	N			
50.00 HHA	N	N			

52 DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)? (SEE INSTRUCTIONS) N  
52.01 IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTIONS PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE WORKSHEET L, PART IV N  
53 IF YOU ARE A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 0  
53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. BEGINNING: / / ENDING: / /  
54 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES: 0  
PREMIUMS: 143,357  
PAID LOSSES: 0  
AND/OR SELF INSURANCE: 0  
54.01 ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN. N  
55 DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER "Y" FOR YES AND "N" FOR NO. N

	DATE 0	Y OR N 1	LIMIT 2	Y OR N 3	FEE 4
56 ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COLUMN 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY AND THE APPLICABLE DATES FOR THOSE LIMITS IN COLUMN 0. IF THIS IS THE FIRST YEAR OF OPERATION NO ENTRY IS REQUIRED IN COLUMN 2. IF COLUMN 1 IS Y, ENTER Y OR N IN COLUMN 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COLUMN 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.		N	0.00		0
56.01 ENTER SUBSEQUENT AMBULANCE PAYMENT LIMIT AS REQUIRED. SUBSCRIPT IF MORE THAN 2 LIMITS APPLY. ENTER IN COLUMN 4 THE FEE SCHEDULES AMOUNTS FOR INITIAL OR SUBSEQUENT PERIOD AS APPLICABLE.			0.00		0
56.02 THIRD AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY.			0.00		0
56.03 FOURTH AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY.			0.00		0

57 ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS? N

58 ARE YOU AN INPATIENT REHABILITATION FACILITY(IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002. N

58.01 IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR). 0

59 ARE YOU A LONG TERM CARE HOSPITAL (LTCH)? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N

60 ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N

60.01 IF LINE 60 COLUMN 1 IS Y, AND THE FACILITY IS AN IPF SUBPROVIDER, WERE RESIDENTS TRAINING IN THIS FACILITY IN ITS MOST RECENT COST REPORTING PERIOD FILED BEFORE NOV. 15, 2004? ENTER "Y" FOR YES AND "N" FOR NO. IS THIS FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR §412.424(d)(1)(iii)(C)? ENTER IN COL. 2 "Y" FOR YES OR "N" FOR NO. IF COL. 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COL. 3, (SEE INSTRUC). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COL. 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUC). 0

MULTICAMPUS

61.00 IS THIS FACILITY PART OF A MULTICAMPUS HOSPITAL THAT HAS ONE OR MORE CAMPUSES IN DIFFERENT CBSA? ENTER "Y" FOR YES AND "N" FOR NO. N

IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL.2, ZIP IN COL 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.

NAME	COUNTY	STATE	ZIP CODE	CBSA	FTE/CAMPUS
-----					0.00

SETTLEMENT DATA

63.00 WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS ONLY)? ENTER "Y" FOR YES AND "N" FOR NO IN COL. 1. IF COL. 1 IS "Y", ENTER THE "PAID THROUGH" DATE OF THE PS&R IN COL. 2 (MM/DD/YYYY). Y 10/21/2010

HOSPITAL AND HOSPITAL HEALTH CARE  
COMPLEX STATISTICAL DATA

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 10/21/2010
I	14-1319	I	FROM 6/ 1/2009	I	WORKSHEET S-3
I		I	TO 5/31/2010	I	PART I

COMPONENT		NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH HOURS 2.01	TITLE V 3	I/P DAYS / O/P VISITS / TITLE XVIII 4	NOT LTCH N/A 4.01	TRIPS TOTAL TITLE XIX 5
1	ADULTS & PEDIATRICS	25	9,125	67,992.00		1,754		170
2	HMO							
2	01 HMO - (IRF PPS SUBPROVIDER)							
3	ADULTS & PED-SB SNF					529		
4	ADULTS & PED-SB NF							
5	TOTAL ADULTS AND PEDS	25	9,125	67,992.00		2,283		170
11	NURSERY							104
12	TOTAL	25	9,125	67,992.00		2,283		274
13	RPCH VISITS							
15	SKILLED NURSING FACILITY	25	9,125			1,305		1,259
17	OTHER LONG TERM CARE	32	11,680					
18	HOME HEALTH AGENCY					6,926		
25	TOTAL	82						
26	OBSERVATION BED DAYS							
27	AMBULANCE TRIPS							
28	EMPLOYEE DISCOUNT DAYS							
28	01 EMP DISCOUNT DAYS -IRF							
29	LABOR & DELIVERY DAYS							

COMPONENT		TITLE XIX ADMITTED 5.01	I/P DAYS / OBSERVATION BEDS NOT ADMITTED 5.02	O/P VISITS TOTAL ALL PATS 6	TRIPS TOTAL ADMITTED 6.01	OBSERVATION BEDS NOT ADMITTED 6.02	INTERNS & RES. TOTAL 7	FTES LESS I&R REPL NON-PHYS ANES 8
1	ADULTS & PEDIATRICS			2,833				
2	HMO							
2	01 HMO - (IRF PPS SUBPROVIDER)							
3	ADULTS & PED-SB SNF			582				
4	ADULTS & PED-SB NF							
5	TOTAL ADULTS AND PEDS			3,415				
11	NURSERY			232				
12	TOTAL			3,647				
13	RPCH VISITS							
15	SKILLED NURSING FACILITY			5,164				
17	OTHER LONG TERM CARE			9,782				
18	HOME HEALTH AGENCY			8,772				
25	TOTAL							
26	OBSERVATION BED DAYS			630		630		
27	AMBULANCE TRIPS							
28	EMPLOYEE DISCOUNT DAYS							
28	01 EMP DISCOUNT DAYS -IRF							
29	LABOR & DELIVERY DAYS							

COMPONENT		I & R FTES NET 9	FULL TIME EMPLOYEES ON PAYROLL 10	EQUIV NONPAID WORKERS 11	TITLE V 12	DISCHARGES TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1	ADULTS & PEDIATRICS					499	83	931
2	HMO							
2	01 HMO - (IRF PPS SUBPROVIDER)							
3	ADULTS & PED-SB SNF							
4	ADULTS & PED-SB NF							
5	TOTAL ADULTS AND PEDS							
11	NURSERY							
12	TOTAL		202.73			499	83	931
13	RPCH VISITS							
15	SKILLED NURSING FACILITY		11.84					
17	OTHER LONG TERM CARE		18.45					31
18	HOME HEALTH AGENCY		8.55					
25	TOTAL		241.57					
26	OBSERVATION BED DAYS							
27	AMBULANCE TRIPS							
28	EMPLOYEE DISCOUNT DAYS							
28	01 EMP DISCOUNT DAYS -IRF							
29	LABOR & DELIVERY DAYS							

HOSPITAL-BASED HOME HEALTH AGENCY  
STATISTICAL DATA

HOME HEALTH AGENCY STATISTICAL DATA

I PROVIDER NO:	I PERIOD:	I PREPARED 10/21/2010
I 14-1319	I FROM 6/ 1/2009	I WORKSHEET S-4
I HHA NO:	I TO 5/31/2010	I
I 14-7450	I	I
COUNTY:	HENRY	

HHA 1

TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4
-----------------	---------------------	-------------------	------------

1 HOME HEALTH AIDE HOURS	0	2,629	0	0
2 UNDUPLICATED CENSUS COUNT		237.00		

TOTAL  
5

1 HOME HEALTH AIDE HOURS	2,629
2 UNDUPLICATED CENSUS COUNT	237.00

HOME HEALTH AGENCY - NUMBER OF EMPLOYEES  
(FULL TIME EQUIVALENT)

ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK

40.00

HHA NO. OF FTE EMPLOYEES (2080 HRS)

STAFF 1	CONTRACT 2	TOTAL 3
------------	---------------	------------

3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)			
4 DIRECTOR(S) AND ASSISTANT DIRECTOR(S)	1.00		1.00
5 OTHER ADMINISTRATIVE PERSONEL	1.16		1.16
6 DIRECTING NURSING SERVICE	5.13		5.13
7 NURSING SUPERVISOR			
8 PHYSICAL THERAPY SERVICE			
9 PHYSICAL THERAPY SUPERVISOR			
10 OCCUPATIONAL THERAPY SERVICE			
11 OCCUPATIONAL THERAPY SUPERVISOR			
12 SPEECH PATHOLOGY SERVICE			
13 SPEECH PATHOLOGY SUPERVISOR			
14 MEDICAL SOCIAL SERVICE			
15 MEDICAL SOCIAL SERVICE SUPERVISOR			
16 HOME HEALTH AIDE	1.26		1.26
17 HOME HEALTH AIDE SUPERVISOR			
18			

HOME HEALTH AGENCY MSA CODES

1 1.01

19 HOW MANY MSAs IN COL. 1 OR CBSAs IN COL. 1.01 DID  
YOU PROVIDER SERVICES TO DURING THE C/R PERIOD?

20 LIST THOSE MSA CODE(S) IN COL. 1 & CBSA CODE(S) IN  
COL. 1.01 SERVICED DURING THIS C/R PERIOD (LINE 20  
CONTAINS THE FIRST CODE).

1 0  
1960PPS ACTIVITY DATA - APPLICABLE FOR SERVICES ON  
OR AFTER OCTOBER 1, 2000

	WITHOUT OUTLIERS 1	FULL EPISODES WITH OUTLIERS 2	LUPA EPISODES 3	PEP ONLY EPISODES 4
21 SKILLED NURSING VISITS	2,979	216	106	61
22 SKILLED NURSING VISIT CHARGES	354,505	25,488	12,493	7,785
23 PHYSICAL THERAPY VISITS	1,782	8	7	44
24 PHYSICAL THERAPY VISIT CHARGES	266,830	1,200	1,050	6,600
25 OCCUPATIONAL THERAPY VISITS	495	0	2	4
26 OCCUPATIONAL THERAPY VISIT CHARGES	74,020	0	290	600
27 SPEECH PATHOLOGY VISITS	14	0	0	0
28 SPEECH PATHOLOGY VISIT CHARGES	2,090	0	0	0
29 MEDICAL SOCIAL SERVICE VISITS	66	2	0	1
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	11,880	360	0	180
31 HOME HEALTH AIDE VISITS	1,233	5	1	3
32 HOME HEALTH AIDE VISIT CHARGES	78,858	320	64	192
33 TOTAL VISITS (SUM OF LINES 21,23,25,27,29 & 31)	6,569	231	116	113
34 OTHER CHARGES	0	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22,24,26,28,30,32 & 34)	788,183	27,368	13,897	15,357
36 TOTAL NUMBER OF EPISODES (STANDARD/NON OUTLIER)	328	0	42	9
37 TOTAL NUMBER OF OUTLIER EPISODES	0	6	0	0
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	3,335	709	0	0



HOSPITAL-BASED HOME HEALTH AGENCY  
STATISTICAL DATA

I PROVIDER NO:	I PERIOD:	I PREPARED 10/21/2010
I 14-1319	I FROM 6/ 1/2009	I WORKSHEET S-4
I HHA NO:	I TO 5/31/2010	I
I 14-7450	I	I
COUNTY:	HENRY	

HOME HEALTH AGENCY STATISTICAL DATA

HHA 1

PPS ACTIVITY DATA - APPLICABLE FOR SERVICES ON  
OR AFTER OCTOBER 1, 2000

	SCIC WITHIN A PEP 5	SCIC ONLY EPISODES 6	TOTAL (COLS. 1-6) 7
21 SKILLED NURSING VISITS	0	0	3,362
22 SKILLED NURSING VISIT CHARGES	0	0	400,271
23 PHYSICAL THERAPY VISITS	0	0	1,841
24 PHYSICAL THERAPY VISIT CHARGES	0	0	275,680
25 OCCUPATIONAL THERAPY VISITS	0	0	501
26 OCCUPATIONAL THERAPY VISIT CHARGES	0	0	74,910
27 SPEECH PATHOLOGY VISITS	0	0	14
28 SPEECH PATHOLOGY VISIT CHARGES	0	0	2,090
29 MEDICAL SOCIAL SERVICE VISITS	0	0	69
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	0	0	12,420
31 HOME HEALTH AIDE VISITS	0	0	1,242
32 HOME HEALTH AIDE VISIT CHARGES	0	0	79,434
33 TOTAL VISITS (SUM OF LINES 21,23,25,27,29 & 31)	0	0	7,029
34 OTHER CHARGES	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22,24,26,28,30,32 & 34)	0	0	844,805
36 TOTAL NUMBER OF EPISODES (STANDARD/NON OUTLIER)	0	0	379
37 TOTAL NUMBER OF OUTLIER EPISODES	0	0	6
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	0	0	4,044

I PROVIDER NO: I PERIOD: I PREPARED 10/21/2010  
 I 14-1319 I FROM 6/ 1/2009 I WORKSHEET S-7  
 I I TO 5/31/2010 I

PROSPECTIVE PAYMENT FOR SNF  
 STATISTICAL DATA

GROUP(1) 1	M3PI REVENUE CODE 2	SERVICES PRIOR TO 10/1 RATE 3	DAYS 3.01	SERVICES ON/AFTER 10/1 RATE 4	DAYS 4.01	SRVCS 4/1/01 TO 9/30/01 RATE 4.02	DAYS 4.03
1	RUC						
2	RUB						
3	RUA						
3 .01	RUX						
3 .02	RUL						
4	RVC		11				
5	RVB		170				
6	RVA		47				
6 .01	RVX		50				
6 .02	RVL		156				
7	RHC		235				
8	RHB		179				
9	RHA		50				
9 .01	RHX						
9 .02	RHL						
10	RMC		5				
11	RMB		24				
12	RMA		23				
12 .01	RMX		138				
12 .02	RML		165				
13	RLB						
14	RLA						
14 .01	RLX						
15	SE3						
16	SE2		11				
17	SE1						
18	SSC						
19	SSB						
20	SSA						
21	CC2						
22	CC1						
23	CB2						
24	CB1						
25	CA2		5				
26	CA1		32				
27	IB2						
28	IB1						
29	IA2						
30	IA1						
31	BB2						
32	BB1						
33	BA2						
34	BA1						
35	PE2						
36	PE1						
37	PD2						
38	PD1						
39	PC2						
40	PC1		4				
41	PB2						
42	PB1						
43	PA2						
44	PA1						
45	Default						
46	TOTAL		1,305				

- (1) Enter in column 3.01 the days prior to October 1st and in column 4.01 the days on after October 1st. Enter in column 4.03 the days on 4/1/2001 through 9/30/2001. The sum of the days in column 3.01, 4.01, and 4.03 must agree with the days reported on wkst. S-3, Part I, column 4, line 15. The sum of the days in column 4.06 must agree with the days reported on wkst S-3, Part I column 4, line 3.

## worksheet S-2 reference data:

Transition Period : 100% Federal  
 Wage Index Factor (before 10/01): 0.8386  
 Wage Index Factor (after 10/01) : 0.8312  
 SNF Facility Specific Rate : 0.00  
 Urban/Rural Designation : RURAL  
 SNF MSA Code : 9914  
 SNF CBSA Code : 99914

I PROVIDER NO:	I PERIOD:	I PREPARED 10/21/2010
I 14-1319	I FROM 6/ 1/2009	I WORKSHEET S-7
I	I TO 5/31/2010	I

PROSPECTIVE PAYMENT FOR SNF  
STATISTICAL DATA

	GROUP(1)	M3PI REVENUE CODE	HIGH COST(2) RUGS DAYS	SWING BED SNF DAYS	TOTAL
	1	2	4.05	4.06	5
1	RUC				
2	RUB				
3	RUA				
3 .01	RUX				
3 .02	RUL				
4	RVC				
5	RVB				
6	RVA				
6 .01	RVX				
6 .02	RVL				
7	RHC				
8	RHB				
9	RHA				
9 .01	RHX				
9 .02	RHL				
10	RMC				
11	RMB				
12	RMA				
12 .01	RMX				
12 .02	RML				
13	RLB				
14	RLA				
14 .01	RLX				
15	SE3				
16	SE2				
17	SE1				
18	SSC				
19	SSB				
20	SSA				
21	CC2				
22	CC1				
23	CB2				
24	CB1				
25	CA2				
26	CA1				
27	IB2				
28	IB1				
29	IA2				
30	IA1				
31	BB2				
32	BB1				
33	BA2				
34	BA1				
35	PE2				
36	PE1				
37	PD2				
38	PD1				
39	PC2				
40	PC1				
41	PB2				
42	PB1				
43	PA2				
44	PA1				
45	Default				
46	TOTAL				

(2) Enter in column 4.05 those days in either column 3.01 or 4.01 which cover the period of 4/1/2000 through 9/30/2000. These RUGs will be incremented by an additional 20% payment.

(3) Enter in column 4.06 the swing bed days for cost reporting periods beginning on or after 7/1/2002.

Worksheet S-2 reference data:

Transition Period	:	100% Federal
Wage Index Factor (before 10/01):	:	0.8386
Wage Index Factor (after 10/01):	:	0.8312
SNF Facility Specific Rate	:	0.00
Urban/Rural Designation	:	RURAL
SNF MSA Code	:	9914
SNF CBSA Code	:	99914

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSESI PROVIDER NO:  
I 14-1319  
II PERIOD:  
I FROM 6/ 1/2009  
I TO 5/31/2010I PREPARED 10/21/2010  
I WORKSHEET A

	COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
		GENERAL SERVICE COST CNTR					
3	0300	NEW CAP REL COSTS-BLDG & FIXT		1,020,236	1,020,236	459,851	1,480,087
4	0400	NEW CAP REL COSTS-MVBLE EQUIP		913,494	913,494	17,836	931,330
5	0500	EMPLOYEE BENEFITS	54,312	2,805,028	2,859,340		2,859,340
6.02	0620	DATA PROCESSING	283,637	198,248	481,885		481,885
6.03	0630	PURCHASING, RECEIVING AND STORES	107,762	11,213	118,975		118,975
6.04	0640	ADMITTING	142,886	8,553	151,439		151,439
6.05	0650	CASHIERING/ACCOUNTS RECEIVABLE	210,819	136,454	347,273		347,273
6.06	0660	ADMINISTRATIVE & GENERAL	653,799	1,492,024	2,145,823	-139,905	2,005,918
8	0800	OPERATION OF PLANT	176,010	854,000	1,030,010	-61,193	968,817
9	0900	LAUNDRY & LINEN SERVICE	25,194	107,557	132,751		132,751
10	1000	HOUSEKEEPING	304,197	76,673	380,870		380,870
11	1100	DIETARY	449,020	431,735	880,755		880,755
12	1200	CAFETERIA					
14	1400	NURSING ADMINISTRATION	115,954	7,847	123,801		123,801
15	1500	CENTRAL SERVICES & SUPPLY		23,278	23,278		23,278
16	1600	PHARMACY	172,715	668,541	841,256	-469,373	371,883
17	1700	MEDICAL RECORDS & LIBRARY	271,440	69,796	341,236		341,236
18	1800	SOCIAL SERVICE	150,031	3,379	153,410		153,410
		INPAT ROUTINE SRVC CNTRS					
25	2500	ADULTS & PEDIATRICS	1,718,725	338,586	2,057,311	-32,212	2,025,099
33	3300	NURSERY	103,442	422	103,864		103,864
34	3400	SKILLED NURSING FACILITY	414,130	26,767	440,897		440,897
36	3600	OTHER LONG TERM CARE	575,201	38,497	613,698		613,698
		ANCILLARY SRVC COST CNTRS					
37	3700	OPERATING ROOM	1,131,948	1,931,184	3,063,132		3,063,132
39	3900	DELIVERY ROOM & LABOR ROOM				32,212	32,212
40	4000	ANESTHESIOLOGY	555,136	255,384	810,520		810,520
41	4100	RADIOLOGY-DIAGNOSTIC	625,842	1,426,677	2,052,519		2,052,519
44	4400	LABORATORY	460,220	662,699	1,122,919		1,122,919
50	5000	PHYSICAL THERAPY	753,931	159,015	912,946		912,946
51	5100	OCCUPATIONAL THERAPY	221,276	9,641	230,917		230,917
52	5200	SPEECH PATHOLOGY	12,550	9,636	22,186		22,186
53	5300	ELECTROCARDIOLOGY	316,520	190,710	507,230		507,230
55	5500	MEDICAL SUPPLIES CHARGED TO PATIENTS					
56	5600	DRUGS CHARGED TO PATIENTS				469,373	469,373
59	3950	DURABLE MEDICAL EQUIPMENT					
59.01	3951	SLEEP LAB	76,887	43,429	120,316		120,316
59.02	3020	IV THERAPY					
		OUTPAT SERVICE COST CNTRS					
60	6000	CLINIC	215,692	258,439	474,131	21,618	495,749
61	6100	EMERGENCY	440,356	1,281,705	1,722,061		1,722,061
62	6200	OBSERVATION BEDS (NON-DISTINCT PART)					
		OTHER REIMBURS COST CNTRS					
71	7100	HOME HEALTH AGENCY	414,038	103,542	517,580		517,580
		SPEC PURPOSE COST CENTERS					
88	8800	INTEREST EXPENSE		453,503	453,503	-453,503	
95		SUBTOTALS	11,153,670	16,017,892	27,171,562	-155,296	27,016,266
		NONREIMBURS COST CENTERS					
96	9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN					
98	9800	PHYSICIANS' PRIVATE OFFICES				15,559	15,559
98.02	9802	ORTHO CLINIC					
98.03	9803	LEASED SPACE				139,737	139,737
100	7950	OTHER NONREIMBURSABLE COST CENTERS					
100.01	7951	PHYSICIAN BILLING COSTS					
100.02	7952	KELLY MEDICAL RENTAL AREA					
100.03	7953	ANESTHESIA BILLING					
101		TOTAL	11,153,670	16,017,892	27,171,562	-0-	27,171,562

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSESI PROVIDER NO:  
I 14-1319  
II PERIOD:  
I FROM 6/ 1/2009  
I TO 5/31/2010I PREPARED 10/21/2010  
I WORKSHEET A  
I

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS 6	NET EXPENSES FOR ALLOC 7
	GENERAL SERVICE COST CNTR		
3 0300	NEW CAP REL COSTS-BLDG & FIXT	-169,804	1,310,283
4 0400	NEW CAP REL COSTS-MVBLE EQUIP	-1,986	929,344
5 0500	EMPLOYEE BENEFITS	-111,027	2,748,313
6.02 0620	DATA PROCESSING		481,885
6.03 0630	PURCHASING, RECEIVING AND STORES	-950	118,025
6.04 0640	ADMITTING		151,439
6.05 0650	CASHIERING/ACCOUNTS RECEIVABLE		347,273
6.06 0660	ADMINISTRATIVE & GENERAL	-256,449	1,749,469
8 0800	OPERATION OF PLANT		968,817
9 0900	LAUNDRY & LINEN SERVICE		132,751
10 1000	HOUSEKEEPING		380,870
11 1100	DIETARY	-160,652	720,103
12 1200	CAFETERIA		
14 1400	NURSING ADMINISTRATION		123,801
15 1500	CENTRAL SERVICES & SUPPLY	-174	23,104
16 1600	PHARMACY		371,883
17 1700	MEDICAL RECORDS & LIBRARY	-1,593	339,643
18 1800	SOCIAL SERVICE		153,410
	INPAT ROUTINE SRVC CNTRS		
25 2500	ADULTS & PEDIATRICS	-3,687	2,021,412
33 3300	NURSERY		103,864
34 3400	SKILLED NURSING FACILITY	-2,267	438,630
36 3600	OTHER LONG TERM CARE	-2,304	611,394
	ANCILLARY SRVC COST CNTRS		
37 3700	OPERATING ROOM		3,063,132
39 3900	DELIVERY ROOM & LABOR ROOM		32,212
40 4000	ANESTHESIOLOGY	-810,520	
41 4100	RADIOLOGY-DIAGNOSTIC		2,052,519
44 4400	LABORATORY		1,122,919
50 5000	PHYSICAL THERAPY	-100,088	812,858
51 5100	OCCUPATIONAL THERAPY		230,917
52 5200	SPEECH PATHOLOGY		22,186
53 5300	ELECTROCARDIOLOGY	-39,259	467,971
55 5500	MEDICAL SUPPLIES CHARGED TO PATIENTS		
56 5600	DRUGS CHARGED TO PATIENTS		469,373
59 3950	DURABLE MEDICAL EQUIPMENT		
59.01 3951	SLEEP LAB		120,316
59.02 3020	IV THERAPY		
	OUTPAT SERVICE COST CNTRS		
60 6000	CLINIC	-113,228	382,521
61 6100	EMERGENCY	-717,952	1,004,109
62 6200	OBSERVATION BEDS (NON-DISTINCT PART)		
	OTHER REIMBURS COST CNTRS		
71 7100	HOME HEALTH AGENCY	-6,868	510,712
	SPEC PURPOSE COST CENTERS		
88 8800	INTEREST EXPENSE		-0-
95	SUBTOTALS	-2,498,808	24,517,458
	NONREIMBURS COST CENTERS		
96 9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN		
98 9800	PHYSICIANS' PRIVATE OFFICES		15,559
98.02 9802	ORTHO CLINIC		
98.03 9803	LEASED SPACE		139,737
100 7950	OTHER NONREIMBURSABLE COST CENTERS		
100.01 7951	PHYSICIAN BILLING COSTS		
100.02 7952	KELLY MEDICAL RENTAL AREA		
100.03 7953	ANESTHESIA BILLING		
101	TOTAL	-2,498,808	24,672,754

## COST CENTERS USED IN COST REPORT

I PROVIDER NO:

I PERIOD:

I PREPARED 10/21/2010

I 14-1319

I FROM 6/ 1/2009

I NOT A CMS WORKSHEET

I

I TO 5/31/2010

I

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6.02	DATA PROCESSING	0620	DATA PROCESSING
6.03	PURCHASING, RECEIVING AND STORES	0630	PURCHASING, RECEIVING AND STORES
6.04	ADMITTING	0640	ADMITTING
6.05	CASHIERING/ACCOUNTS RECEIVABLE	0650	CASHIERING/ACCOUNTS RECEIVABLE
6.06	ADMINISTRATIVE & GENERAL	0660	OTHER ADMINISTRATIVE AND GENERAL
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
33	NURSERY	3300	
34	SKILLED NURSING FACILITY	3400	
36	OTHER LONG TERM CARE	3600	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
44	LABORATORY	4400	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
59	DURABLE MEDICAL EQUIPMENT	3950	OTHER ANCILLARY SERVICE COST CENTERS
59.01	SLEEP LAB	3951	OTHER ANCILLARY SERVICE COST CENTERS
59.02	IV THERAPY	3020	ACUPUNCTURE
	OUTPAT SERVICE COST		
60	CLINIC	6000	
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	OTHER REIMBURS COST		
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	
95	SUBTOTALS	0000	
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
98	PHYSICIANS' PRIVATE OFFICES	9800	
98.02	ORTHO CLINIC	9802	PHYSICIANS' PRIVATE OFFICES
98.03	LEASED SPACE	9803	PHYSICIANS' PRIVATE OFFICES
100	OTHER NONREIMBURSABLE COST CENTERS	7950	OTHER NONREIMBURSABLE COST CENTERS
100.01	PHYSICIAN BILLING COSTS	7951	OTHER NONREIMBURSABLE COST CENTERS
100.02	KELLY MEDICAL RENTAL AREA	7952	OTHER NONREIMBURSABLE COST CENTERS
100.03	ANESTHESIA BILLNG	7953	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL	0000	

## RECLASSIFICATIONS

PROVIDER NO:  
141319PERIOD:  
FROM 6/ 1/2009  
TO 5/31/2010PREPARED 10/21/2010  
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 2	INCREASE		SALARY 4	OTHER 5
			LINE NO 3			
1 DRUGS CHARGED TO PATIENTS	A	DRUGS CHARGED TO PATIENTS	56			469,373
2 CALONA CLINIC BUILDING DEPRECIATION	B	CLINIC	60			21,618
3 FMA BUILDING DEPR	F	PHYSICIANS' PRIVATE OFFICES	98			15,559
4 APART RENTAL EXP	H	LEASED SPACE	98.03			61,193
5 INTEREST EXPENSE	I	NEW CAP REL COSTS-BLDG & FIXT	3			452,244
6 OTHER INT EXP - CAP LEASE	J	NEW CAP REL COSTS-MVBLE EQUIP	4			1,259
7 OTHER CAPITAL COSTS	K	NEW CAP REL COSTS-BLDG & FIXT	3			44,784
8		NEW CAP REL COSTS-MVBLE EQUIP	4			16,577
9 OFFICE HOUSEKEEPING/MAINT/OTHER	N	LEASED SPACE	98.03		68,822	9,722
10 DELIVERY AND LABOR RECLASS	O	DELIVERY ROOM & LABOR ROOM	39		32,212	
11 RECLASS SALARIES FOR B-1 EB ALLOC	P	ANESTHESIOLOGY	40			555,136
12		ADMINISTRATIVE & GENERAL	6.06			80,273
36 TOTAL RECLASSIFICATIONS					101,034	1,727,738

(1) A letter (A, B, etc) must be entered on each line to identify each reclassification entry.  
 Transfer the amounts in columns 4, 5, 8, and 9 to Worksheet A, column 4, lines as appropriate.  
 See instructions for column 10 referencing to worksheet A-7, Part III, columns 9 through 14.

## RECLASSIFICATIONS

 PROVIDER NO:  
141319

 PERIOD:  
FROM 6/ 1/2009  
TO 5/31/2010

 PREPARED 10/21/2010  
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 6	DECREASE		SALARY 8	OTHER 9	A-7 REF 10
			LINE NO 7				
1 DRUGS CHARGED TO PATIENTS	A	PHARMACY	16			469,373	
2 CALONA CLINIC BUILDING DEPRECIATION	B	NEW CAP REL COSTS-BLDG & FIXT	3			21,618	9
3 FMA BUILDING DEPR	F	NEW CAP REL COSTS-BLDG & FIXT	3			15,559	9
4 APART RENTAL EXP	H	OPERATION OF PLANT	8			61,193	
5 INTEREST EXPENSE	I	INTEREST EXPENSE	88			452,244	9
6 OTHER INT EXP - CAP LEASE	J	INTEREST EXPENSE	88			1,259	9
7 OTHER CAPITAL COSTS	K	ADMINISTRATIVE & GENERAL	6.06			61,361	9
8							9
9 OFFICE HOUSEKEEPING/MAINT/OTHER	N	ADMINISTRATIVE & GENERAL	6.06		68,822	9,722	
10 DELIVERY AND LABOR RECLASS	O	ADULTS & PEDIATRICS	25		32,212		
11 RECLASS SALARIES FOR B-1 EB ALLOC	P	ANESTHESIOLOGY	40		555,136		
12		ADMINISTRATIVE & GENERAL	6.06		80,273		
36 TOTAL RECLASSIFICATIONS					736,443	1,092,329	

(1) A letter (A, B, etc) must be entered on each line to identify each reclassification entry.  
Transfer the amounts in columns 4, 5, 8, and 9 to worksheet A, column 4, lines as appropriate.  
See instructions for column 10 referencing to worksheet A-7, Part III, columns 9 through 14.



## RECLASSIFICATIONS

PROVIDER NO:  
141319PERIOD:  
FROM 6/ 1/2009  
TO 5/31/2010PREPARED 10/21/2010  
WORKSHEET A-6  
NOT A CMS WORKSHEETRECLASS CODE: A  
EXPLANATION : DRUGS CHARGED TO PATIENTS

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	DRUGS CHARGED TO PATIENTS	56	469,373
TOTAL RECLASSIFICATIONS FOR CODE A			469,373

DECREASE			
COST CENTER	LINE	AMOUNT	
PHARMACY	16	469,373	
			469,373

RECLASS CODE: B  
EXPLANATION : CALONA CLINIC BUILDING DEPRECIATION

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	CLINIC	60	21,618
TOTAL RECLASSIFICATIONS FOR CODE B			21,618

DECREASE			
COST CENTER	LINE	AMOUNT	
NEW CAP REL COSTS-BLDG & FIXT	3	21,618	
			21,618

RECLASS CODE: F  
EXPLANATION : FMA BUILDING DEPR

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	PHYSICIANS' PRIVATE OFFICES	98	15,559
TOTAL RECLASSIFICATIONS FOR CODE F			15,559

DECREASE			
COST CENTER	LINE	AMOUNT	
NEW CAP REL COSTS-BLDG & FIXT	3	15,559	
			15,559

RECLASS CODE: H  
EXPLANATION : APART RENTAL EXP

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	LEASED SPACE	98.03	61,193
TOTAL RECLASSIFICATIONS FOR CODE H			61,193

DECREASE			
COST CENTER	LINE	AMOUNT	
OPERATION OF PLANT	8	61,193	
			61,193

RECLASS CODE: I  
EXPLANATION : INTEREST EXPENSE

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	452,244
TOTAL RECLASSIFICATIONS FOR CODE I			452,244

DECREASE			
COST CENTER	LINE	AMOUNT	
INTEREST EXPENSE	88	452,244	
			452,244

RECLASS CODE: J  
EXPLANATION : OTHER INT EXP - CAP LEASE

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	1,259
TOTAL RECLASSIFICATIONS FOR CODE J			1,259

DECREASE			
COST CENTER	LINE	AMOUNT	
INTEREST EXPENSE	88	1,259	
			1,259

RECLASS CODE: K  
EXPLANATION : OTHER CAPITAL COSTS

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	44,784
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	16,577
TOTAL RECLASSIFICATIONS FOR CODE K			61,361

DECREASE			
COST CENTER	LINE	AMOUNT	
ADMINISTRATIVE & GENERAL	6.06	61,361	
			0
			61,361

RECLASS CODE: N  
EXPLANATION : OFFICE HOUSEKEEPING/MAINT/OTHER

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	LEASED SPACE	98.03	78,544
TOTAL RECLASSIFICATIONS FOR CODE N			78,544

DECREASE			
COST CENTER	LINE	AMOUNT	
ADMINISTRATIVE & GENERAL	6.06	78,544	
			78,544

RECLASS CODE: O  
EXPLANATION : DELIVERY AND LABOR RECLASS

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	DELIVERY ROOM & LABOR ROOM	39	32,212
TOTAL RECLASSIFICATIONS FOR CODE O			32,212

DECREASE			
COST CENTER	LINE	AMOUNT	
ADULTS & PEDIATRICS	25	32,212	
			32,212

RECLASSIFICATIONS

PROVIDER NO:	141319	PERIOD:	FROM 6/ 1/2009	TO 5/31/2010	IN LIEU OF FORM CMS-2552-96 (09/1996)	PREPARED 10/21/2010	WORKSHEET A-6	NOT A CMS WORKSHEET
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RECLASS CODE: P

EXPLANATION : RECLASS SALARIES FOR B-1 EB ALLOC

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ANESTHESIOLOGY	40	555,136	ANESTHESIOLOGY	40	555,136	
2.00	ADMINISTRATIVE & GENERAL	6.06	80,273	ADMINISTRATIVE & GENERAL	6.06	80,273	
TOTAL RECLASSIFICATIONS FOR CODE P			635,409				635,409

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

DESCRIPTION		BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1	LAND							
2	LAND IMPROVEMENTS							
3	BUILDINGS & FIXTURE							
4	BUILDING IMPROVEMEN							
5	FIXED EQUIPMENT							
6	MOVABLE EQUIPMENT							
7	SUBTOTAL							
8	RECONCILING ITEMS							
9	TOTAL							

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION		BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1	LAND	1,108,543					1,108,543	
2	LAND IMPROVEMENTS	694,224	19,642		19,642		713,866	
3	BUILDINGS & FIXTURE	22,596,069	1,944,768		1,944,768		24,540,837	
4	BUILDING IMPROVEMEN							
5	FIXED EQUIPMENT							
6	MOVABLE EQUIPMENT	9,224,758	746,195		746,195	524,590	9,446,363	
7	SUBTOTAL	33,623,594	2,710,605		2,710,605	524,590	35,809,609	
8	RECONCILING ITEMS							
9	TOTAL	33,623,594	2,710,605		2,710,605	524,590	35,809,609	

PART III - RECONCILIATION OF CAPITAL COST CENTERS

	DESCRIPTION	COMPUTATION OF RATIOS				ALLOCATION OF OTHER CAPITAL			TOTAL
		GROSS ASSETS	CAPITIALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES	OTHER CAPITAL RELATED COSTS	
*		1	2	3	4	5	6	7	8
3	NEW CAP REL COSTS-BL	26,363,246		26,363,246	.736206				
4	NEW CAP REL COSTS-MV	9,446,363		9,446,363	.263794				
5	TOTAL	35,809,609		35,809,609	1.000000				

	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						TOTAL (1)
		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	
*		9	10	11	12	13	14	15
3	NEW CAP REL COSTS-BL	1,310,283						1,310,283
4	NEW CAP REL COSTS-MV	929,344						929,344
5	TOTAL	2,239,627						2,239,627

PART IV - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 THRU 4

	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						TOTAL (1)
		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	
*		9	10	11	12	13	14	15
3	NEW CAP REL COSTS-BL	1,020,236						1,020,236
4	NEW CAP REL COSTS-MV	913,494						913,494
5	TOTAL	1,933,730						1,933,730

- \* All lines numbers except line 5 are to be consistent with workhseet A line numbers for capital cost centers.  
(1) The amounts on lines 1 thru 4 must equal the corresponding amounts on worksheet A, column 7, lines 1 thru 4.  
Columns 9 through 14 should include related worksheet A-6 reclassifications and worksheet A-8 adjustments. (See instructions).

## PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO:  
I 14-1319  
II PERIOD:  
I FROM 6/ 1/2009 I PREPARED 10/21/2010  
I TO 5/31/2010 I WORKSHEET A-8-2  
I GROUP 1

LINE NO.	1	2	3	4	5	6	7	8	9
WKSHT A	COST CENTER/	TOTAL	PROFES-	PROVIDER	RCE	PHYSICIAN/	UNADJUSTED	5 PERCENT OF	
LINE NO.	PHYSICIAN	REMUN-	SIONAL	COMPONENT	AMOUNT	COMPONENT	RCE LIMIT	UNADJUSTED	
	IDENTIFIER	ERATION	COMPONENT			HOURS		RCE LIMIT	
1	44	LABORATORY	54,400	54,400					
2	61	EMERGENCY	1,187,164	717,952	469,212				
3	53	EKG	39,259	39,259					
4	60	COLONA CLINIC PHYSICIAN S	98,841	98,841					
5	60	COLONA CLINIC PHYSICIAN E	14,387	14,387					
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
21									
22									
23									
24									
25									
26									
27									
28									
29									
30									
101		TOTAL	1,394,051	870,439	523,612				

## PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO:

I PERIOD:

I PREPARED 10/21/2010

I 14-1319

I FROM 6/ 1/2009

I WORKSHEET A-8-2

I

I TO 5/31/2010

I GROUP 1

	WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
	10	11	12	COL 12	14	COL 14	16	17	18
1	44	LABORATORY							
2	61	EMERGENCY							717,952
3	53	EKG							39,259
4	60	COLONA CLINIC PHYSICIAN S							98,841
5	60	COLONA CLINIC PHYSICIAN E							14,387
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
21									
22									
23									
24									
25									
26									
27									
28									
29									
30									
101		TOTAL							870,439

## COST ALLOCATION STATISTICS

I PROVIDER NO:

I PERIOD:

I PREPARED 10/21/2010

I 14-1319

I FROM 6/ 1/2009

I NOT A CMS WORKSHEET

I

I TO 5/31/2010

I

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION	
	GENERAL SERVICE COST			
3	NEW CAP REL COSTS-BLDG & FIXT	3	SQUARE FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	4	DOLLAR VALUE	ENTERED
5	EMPLOYEE BENEFITS	S	GROSS SALARIES	ENTERED
6.02	DATA PROCESSING	8	TIME SPENT	ENTERED
6.03	PURCHASING, RECEIVING AND STORES	9	SUPPLY COST	ENTERED
6.04	ADMITTING	10	GROSS CHARGES	ENTERED
6.05	CASHIERING/ACCOUNTS RECEIVABLE	11	GROSS PT. CHARGES	ENTERED
6.06	ADMINISTRATIVE & GENERAL	-12	ACCUM. COST	NOT ENTERED
8	OPERATION OF PLANT	14	SQUARE FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	15	POUNDS OF LAUNDRY	ENTERED
10	HOUSEKEEPING	16	HOURS OF SERVICE	ENTERED
11	DIETARY	17	MEALS SERVED	ENTERED
12	CAFETERIA	18	FTE'S	ENTERED
14	NURSING ADMINISTRATION	20	FTE'S	ENTERED
15	CENTRAL SERVICES & SUPPLY	21	COSTED REQUIS	ENTERED
16	PHARMACY	22	COSTED REQUIS	ENTERED
17	MEDICAL RECORDS & LIBRARY	23	GROSS PT. CHARGES	ENTERED
18	SOCIAL SERVICE	24	TIME SPENT	ENTERED

## COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 10/21/2010  
 I 14-1319 I FROM 6/ 1/2009 I WORKSHEET B  
 I I TO 5/31/2010 I PART I

COST CENTER DESCRIPTION		NET EXPENSES FOR COST ALLOCATION	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS	DATA PROCESSI NG	PURCHASING, R ECEIVING AND	ADMITTING
		0	3	4	5	6.02	6.03	6.04
003	GENERAL SERVICE COST CNTR							
004	NEW CAP REL COSTS-BLDG &	1,310,283	1,310,283					
005	NEW CAP REL COSTS-MVBLE E	929,344		929,344				
006	EMPLOYEE BENEFITS	2,748,313	2,665	892	2,751,870			
006	02 DATA PROCESSING	481,885	12,221	268,444	74,593	837,143		
006	03 PURCHASING, RECEIVING AND	118,025	28,175	109	28,340		174,649	
006	04 ADMITTING	151,439	6,892		37,577	14,764	385	211,057
006	05 CASHIERING/ACCOUNTS RECEI	347,273	17,368	2,617	55,442		366	
006	06 ADMINISTRATIVE & GENERAL	1,749,469	128,358	25,247	132,730	116,639	2,811	
008	OPERATION OF PLANT	968,817	130,277	45,739	46,288		3,161	
009	LAUNDRY & LINEN SERVICE	132,751	9,392	113	6,626		144	
010	HOUSEKEEPING	380,870	7,439	3,085	80,000		3,069	
011	DIETARY	720,103	50,048	11,769	118,086	17,717	2,642	
012	CAFETERIA					11,812		
014	NURSING ADMINISTRATION	123,801	1,259	283	30,494		74	
015	CENTRAL SERVICES & SUPPLY	23,104					1,391	
016	PHARMACY	371,883	12,013	3,666	45,422	25,100	612	
017	MEDICAL RECORDS & LIBRARY	339,643	25,163	14,312	71,385	63,487	787	
018	SOCIAL SERVICE	153,410	3,021		39,456	8,859	50	
025	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS	2,021,412	126,666	63,727	443,530	101,875	8,239	11,921
033	NURSERY	103,864		3,564	27,204		23	721
034	SKILLED NURSING FACILITY	438,630	90,583	7,001	108,910	22,147	1,061	1,732
036	OTHER LONG TERM CARE	611,394	112,952	4,655	151,270	26,576	1,454	7,046
037	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM	3,063,132	117,569	134,822	297,686	25,100	99,767	47,330
039	DELIVERY ROOM & LABOR ROO	32,212	4,904		8,471			1,052
040	ANESTHESIOLOGY							
041	RADIOLOGY-DIAGNOSTIC	2,052,519	61,697	125,663	164,588	41,340	14,042	44,988
044	LABORATORY	1,122,919	13,723	20,463	121,031	35,435	16,412	19,882
050	PHYSICAL THERAPY	812,858	28,244	30,617	198,273	72,346	1,788	12,901
051	OCCUPATIONAL THERAPY	230,917	20,155	1,113	58,192		98	4,457
052	SPEECH PATHOLOGY	22,186	6,701	825	3,300			123
053	ELECTROCARDIOLOGY	467,971	13,445	67,190	83,240	13,288	1,231	10,906
055	MEDICAL SUPPLIES CHARGED							1,720
056	DRUGS CHARGED TO PATIENTS	469,373						18,205
059	DURABLE MEDICAL EQUIPMENT							
059	01 SLEEP LAB	120,316	4,583	2,689	20,220		166	2,742
059	02 IV THERAPY							
060	OUTPAT SERVICE COST CNTRS							
060	CLINIC	382,521		28,104	56,724	25,100	5,366	
061	EMERGENCY	1,004,109	29,442	46,394	115,807	211,129	4,498	18,603
062	OBSERVATION BEDS (NON-DIS							
062	OTHER REIMBURS COST CNTRS							
071	HOME HEALTH AGENCY	510,712	10,850	13,614	108,886	4,429	1,755	
095	SPEC PURPOSE COST CENTERS							
095	SUBTOTALS	24,517,458	1,075,805	926,717	2,733,771	837,143	171,392	204,329
096	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP		8,680					
098	PHYSICIANS' PRIVATE OFFIC	15,559	40,275	2,627				
098	02 ORTHO CLINIC		2,743					
098	03 LEASED SPACE	139,737	152,036		18,099			
100	OTHER NONREIMBURSABLE COS		25,788					
100	01 PHYSICIAN BILLING COSTS							
100	02 KELLY MEDICAL RENTAL AREA		4,956					
100	03 ANESTHESIA BILLNG						3,257	6,728
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	TOTAL	24,672,754	1,310,283	929,344	2,751,870	837,143	174,649	211,057



## COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 10/21/2010  
 I 14-1319 I FROM 6/ 1/2009 I WORKSHEET B  
 I I TO 5/31/2010 I PART I

COST CENTER DESCRIPTION		CASHIERING/AC COUNTS RECEI	SUBTOTAL	ADMINISTRATIV E & GENERAL	OPERATION OF PLANT	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING	DIETARY
		6.05	6a.05	6.06	8	9	10	11
003	GENERAL SERVICE COST CNTR							
004	NEW CAP REL COSTS-BLDG &							
005	NEW CAP REL COSTS-MVBLE E							
006	EMPLOYEE BENEFITS							
006	02 DATA PROCESSING							
006	03 PURCHASING, RECEIVING AND							
006	04 ADMITTING							
006	05 CASHIERING/ACCOUNTS RECEI	423,066						
006	06 ADMINISTRATIVE & GENERAL		2,155,254	2,155,254				
008	OPERATION OF PLANT		1,194,282	114,311	1,308,593			
009	LAUNDRY & LINEN SERVICE		149,026	14,264	14,815	178,105		
010	HOUSEKEEPING		474,463	45,413	11,734	14,816	546,426	
011	DIETARY		920,365	88,093	78,950	1,081	13,596	1,102,085
012	CAFETERIA		11,812	1,131			31,562	715,706
014	NURSING ADMINISTRATION		155,911	14,923	1,985			
015	CENTRAL SERVICES & SUPPLY		24,495	2,345				
016	PHARMACY		458,696	43,904	18,950		4,208	
017	MEDICAL RECORDS & LIBRARY		514,777	49,272	39,694		4,208	
018	SOCIAL SERVICE		204,796	19,602	4,765		2,104	
025	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS	23,338	2,800,708	268,070	199,813	35,433	132,234	77,646
033	NURSERY	1,412	136,788	13,093			971	
034	SKILLED NURSING FACILITY	3,391	673,455	64,460	142,894	20,581	64,257	109,309
036	OTHER LONG TERM CARE	13,793	929,140	88,933	178,179	49,235	65,390	199,424
037	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM	92,705	3,878,111	371,182	185,463	23,368	91,449	
039	DELIVERY ROOM & LABOR ROO	2,060	48,699	4,661	7,736			
040	ANESTHESIOLOGY							
041	RADIOLOGY-DIAGNOSTIC	88,075	2,592,912	248,181	97,325	10,773	8,417	
044	LABORATORY	38,924	1,388,789	132,928	21,648		13,596	
050	PHYSICAL THERAPY	25,256	1,182,283	113,162	44,555	10,026	8,417	
051	OCCUPATIONAL THERAPY	8,725	323,657	30,979	31,794		1,619	
052	SPEECH PATHOLOGY	241	33,376	3,195	10,571			
053	ELECTROCARDIOLOGY	20,321	677,592	64,856	21,209		1,619	
055	MEDICAL SUPPLIES CHARGED	3,367	5,087	487				
056	DRUGS CHARGED TO PATIENTS	35,641	523,219	50,080				
059	DURABLE MEDICAL EQUIPMENT							
059	01 SLEEP LAB	5,368	156,084	14,940	7,230	1,309	4,694	
059	02 IV THERAPY							
060	OUTPAT SERVICE COST CNTRS							
060	CLINIC	4,080	501,895	48,039			20,556	
061	EMERGENCY	22,100	1,452,082	138,986	46,445	10,267	19,908	
062	OBSERVATION BEDS (NON-DIS							
071	OTHER REIMBURS COST CNTRS							
071	HOME HEALTH AGENCY	5,748	655,994	62,788	17,115		3,237	
095	SPEC PURPOSE COST CENTERS							
095	SUBTOTALS	394,545	24,223,748	2,112,278	1,182,870	176,889	492,042	1,102,085
096	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP		8,680	831	13,692			
098	PHYSICIANS' PRIVATE OFFIC		58,461	5,596	63,533			
098	02 ORTHO CLINIC		2,743	263				
098	03 LEASED SPACE		309,872	29,659		1,216	54,384	
100	OTHER NONREIMBURSABLE COS		25,788	2,468	40,680			
100	01 PHYSICIAN BILLING COSTS	15,349	15,349	1,469				
100	02 KELLY MEDICAL RENTAL AREA		4,956	474	7,818			
100	03 ANESTHESIA BILLNG	13,172	23,157	2,216				
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	TOTAL	423,066	24,672,754	2,155,254	1,308,593	178,105	546,426	1,102,085

## COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 10/21/2010  
 I 14-1319 I FROM 6/ 1/2009 I WORKSHEET B  
 I I TO 5/31/2010 I PART I

COST CENTER DESCRIPTION		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SUBTOTAL
		12	14	15	16	17	18	25
003	GENERAL SERVICE COST CNTR							
004	NEW CAP REL COSTS-BLDG &							
005	NEW CAP REL COSTS-MVBLE E							
006	EMPLOYEE BENEFITS							
006	02 DATA PROCESSING							
006	03 PURCHASING, RECEIVING AND							
006	04 ADMITTING							
006	05 CASHIERING/ACCOUNTS RECEI							
006	06 ADMINISTRATIVE & GENERAL							
008	OPERATION OF PLANT							
009	LAUNDRY & LINEN SERVICE							
010	HOUSEKEEPING							
011	DIETARY							
012	CAFETERIA	760,211						
014	NURSING ADMINISTRATION	4,926	177,745					
015	CENTRAL SERVICES & SUPPLY			26,840				
016	PHARMACY	13,742			539,500			
017	MEDICAL RECORDS & LIBRARY	45,167				653,118		
018	SOCIAL SERVICE	15,516	6,004				252,787	
025	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS	159,932	61,892			36,030	89,943	3,861,701
033	NURSERY	887	343			2,179		154,261
034	SKILLED NURSING FACILITY	58,319	22,568			5,236	70,061	1,231,140
036	OTHER LONG TERM CARE	90,877	31,699			21,294	37,397	1,691,568
	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM	92,798	35,911			143,109	2,367	4,823,758
039	DELIVERY ROOM & LABOR ROO	3,349	1,296			3,180		68,921
040	ANESTHESIOLOGY							
041	RADIOLOGY-DIAGNOSTIC	54,821				135,969		3,148,398
044	LABORATORY	52,901				60,091		1,669,953
050	PHYSICAL THERAPY	76,198				38,990		1,473,631
051	OCCUPATIONAL THERAPY	18,717				13,470		420,236
052	SPEECH PATHOLOGY	197				372		47,711
053	ELECTROCARDIOLOGY	25,268				31,372		821,916
055	MEDICAL SUPPLIES CHARGED			26,840		5,198		37,612
056	DRUGS CHARGED TO PATIENTS				539,500	55,022		1,167,821
059	DURABLE MEDICAL EQUIPMENT							
059	01 SLEEP LAB	7,438	2,878			8,287		202,860
059	02 IV THERAPY							
	OUTPAT SERVICE COST CNTRS							
060	CLINIC					6,298	3,787	580,575
061	EMERGENCY	39,158	15,154			34,118	6,154	1,762,272
062	OBSERVATION BEDS (NON-DIS							
	OTHER REIMBURS COST CNTRS							
071	HOME HEALTH AGENCY					8,874	43,078	791,086
	SPEC PURPOSE COST CENTERS							
095	SUBTOTALS	760,211	177,745	26,840	539,500	609,089	252,787	23,955,420
	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP							23,203
098	PHYSICIANS' PRIVATE OFFIC							127,590
098	02 ORTHO CLINIC							3,006
098	03 LEASED SPACE							395,131
100	OTHER NONREIMBURSABLE COS							68,936
100	01 PHYSICIAN BILLING COSTS					23,695		40,513
100	02 KELLY MEDICAL RENTAL AREA							13,248
100	03 ANESTHESIA BILLING					20,334		45,707
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	TOTAL	760,211	177,745	26,840	539,500	653,118	252,787	24,672,754

I PROVIDER NO:	I PERIOD:	I PREPARED 10/21/2010
I 14-1319	I FROM 6/ 1/2009	I WORKSHEET B
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## COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER	I&R COST	TOTAL
DESCRIPTION	POST STEP- DOWN ADJ	
	26	27
GENERAL SERVICE COST CNTR		
003 NEW CAP REL COSTS-BLDG &		
004 NEW CAP REL COSTS-MVBLE E		
005 EMPLOYEE BENEFITS		
006 02 DATA PROCESSING		
006 03 PURCHASING, RECEIVING AND		
006 04 ADMITTING		
006 05 CASHIERING/ACCOUNTS RECEI		
006 06 ADMINISTRATIVE & GENERAL		
008 OPERATION OF PLANT		
009 LAUNDRY & LINEN SERVICE		
010 HOUSEKEEPING		
011 DIETARY		
012 CAFETERIA		
014 NURSING ADMINISTRATION		
015 CENTRAL SERVICES & SUPPLY		
016 PHARMACY		
017 MEDICAL RECORDS & LIBRARY		
018 SOCIAL SERVICE		
INPAT ROUTINE SRVC CNTRS		
025 ADULTS & PEDIATRICS	3,861,701	
033 NURSERY	154,261	
034 SKILLED NURSING FACILITY	1,231,140	
036 OTHER LONG TERM CARE	1,691,568	
ANCILLARY SRVC COST CNTRS		
037 OPERATING ROOM	4,823,758	
039 DELIVERY ROOM & LABOR ROO	68,921	
040 ANESTHESIOLOGY		
041 RADIOLOGY-DIAGNOSTIC	3,148,398	
044 LABORATORY	1,669,953	
050 PHYSICAL THERAPY	1,473,631	
051 OCCUPATIONAL THERAPY	420,236	
052 SPEECH PATHOLOGY	47,711	
053 ELECTROCARDIOLOGY	821,916	
055 MEDICAL SUPPLIES CHARGED	37,612	
056 DRUGS CHARGED TO PATIENTS	1,167,821	
059 DURABLE MEDICAL EQUIPMENT		
059 01 SLEEP LAB	202,860	
059 02 IV THERAPY		
OUTPAT SERVICE COST CNTRS		
060 CLINIC	580,575	
061 EMERGENCY	1,762,272	
062 OBSERVATION BEDS (NON-DIS		
OTHER REIMBURS COST CNTRS		
071 HOME HEALTH AGENCY	791,086	
SPEC PURPOSE COST CENTERS		
095 SUBTOTALS	23,955,420	
NONREIMBURS COST CENTERS		
096 GIFT, FLOWER, COFFEE SHOP	23,203	
098 PHYSICIANS' PRIVATE OFFIC	127,590	
098 02 ORTHO CLINIC	3,006	
098 03 LEASED SPACE	395,131	
100 OTHER NONREIMBURSABLE COS	68,936	
100 01 PHYSICIAN BILLING COSTS	40,513	
100 02 KELLY MEDICAL RENTAL AREA	13,248	
100 03 ANESTHESIA BILLNG	45,707	
101 CROSS FOOT ADJUSTMENT		
102 NEGATIVE COST CENTER		
103 TOTAL	24,672,754	

## ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 10/21/2010  
 I 14-1319 I FROM 6/ 1/2009 I WORKSHEET B  
 I I TO 5/31/2010 I PART III

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS 0	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-MVBLE E 4	SUBTOTAL 4a	EMPLOYEE BENE FITS 5	DATA NG 6.02	PROCESSI PURCHASING, R ECEIVING AND 6.03
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 02 EMPLOYEE BENEFITS		2,665	892	3,557	3,557		
006 03 DATA PROCESSING		12,221	268,444	280,665	96	280,761	
006 04 PURCHASING, RECEIVING AND		28,175	109	28,284	37		28,321
006 05 ADMITTING		6,892		6,892	49	4,952	62
006 06 CASHIERING/ACCOUNTS RECEI		17,368	2,617	19,985	72		59
008 06 ADMINISTRATIVE & GENERAL		128,358	25,247	153,605	172	39,118	456
009 OPERATION OF PLANT		130,277	45,739	176,016	60		513
010 LAUNDRY & LINEN SERVICE		9,392	113	9,505	9		23
011 HOUSEKEEPING		7,439	3,085	10,524	103		498
012 DIETARY		50,048	11,769	61,817	153	5,942	428
014 CAFETERIA						3,961	
015 NURSING ADMINISTRATION		1,259	283	1,542	39		12
016 CENTRAL SERVICES & SUPPLY							226
017 PHARMACY		12,013	3,666	15,679	59	8,418	99
018 MEDICAL RECORDS & LIBRARY		25,163	14,312	39,475	92	21,292	128
025 SOCIAL SERVICE		3,021		3,021	51	2,971	8
033 INPAT ROUTINE SRVC CNTRS							
034 ADULTS & PEDIATRICS		126,666	63,727	190,393	572	34,167	1,336
036 NURSERY			3,564	3,564	35		4
037 SKILLED NURSING FACILITY		90,583	7,001	97,584	141	7,428	172
039 OTHER LONG TERM CARE		112,952	4,655	117,607	196	8,913	236
040 ANCILLARY SRVC COST CNTRS							
041 OPERATING ROOM		117,569	134,822	252,391	385	8,418	16,178
044 DELIVERY ROOM & LABOR ROO		4,904		4,904	11		
050 ANESTHESIOLOGY							
051 RADIOLOGY-DIAGNOSTIC		61,697	125,663	187,360	213	13,865	2,277
052 LABORATORY		13,723	20,463	34,186	156	11,884	2,661
053 PHYSICAL THERAPY		28,244	30,617	58,861	256	24,263	290
055 OCCUPATIONAL THERAPY		20,155	1,113	21,268	75		16
056 SPEECH PATHOLOGY		6,701	825	7,526	4		
059 ELECTROCARDIOLOGY		13,445	67,190	80,635	108	4,457	200
059 MEDICAL SUPPLIES CHARGED							
059 DRUGS CHARGED TO PATIENTS							
059 DURABLE MEDICAL EQUIPMENT							
059 01 SLEEP LAB		4,583	2,689	7,272	26		27
059 02 IV THERAPY							
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC			28,104	28,104	73	8,418	870
062 EMERGENCY		29,442	46,394	75,836	150	70,808	729
071 OBSERVATION BEDS (NON-DIS							
095 OTHER REIMBURS COST CNTRS							
096 HOME HEALTH AGENCY		10,850	13,614	24,464	141	1,486	285
098 SPEC PURPOSE COST CENTERS							
098 SUBTOTALS		1,075,805	926,717	2,002,522	3,534	280,761	27,793
096 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP		8,680		8,680			
098 PHYSICIANS' PRIVATE OFFIC		40,275	2,627	42,902			
098 02 ORTHO CLINIC		2,743		2,743			
100 03 LEASED SPACE		152,036		152,036	23		
100 OTHER NONREIMBURSABLE COS		25,788		25,788			
100 01 PHYSICIAN BILLING COSTS							
100 02 KELLY MEDICAL RENTAL AREA		4,956		4,956			
100 03 ANESTHESIA BILLNG							528
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL		1,310,283	929,344	2,239,627	3,557	280,761	28,321

## ALLOCATION OF NEW CAPITAL RELATED COSTS

I  
I  
IPROVIDER NO:  
14-1319I PERIOD:  
I FROM 6/ 1/2009  
I TO 5/31/2010I PREPARED 10/21/2010  
I WORKSHEET B  
I PART III

COST CENTER DESCRIPTION	ADMITTING 6.04	CASHIERING/AC COUNTS RECEI 6.05	ADMINISTRATIV E & GENERAL 6.06	OPERATION OF PLANT 8	LAUNDRY & LIN EN SERVICE 9	HOUSEKEEPING 10	DIETARY 11
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING AND							
006 04 ADMITTING	11,955						
006 05 CASHIERING/ACCOUNTS RECEI		20,116					
006 06 ADMINISTRATIVE & GENERAL			193,351				
008 OPERATION OF PLANT			10,255	186,844			
009 LAUNDRY & LINEN SERVICE			1,280	2,115	12,932		
010 HOUSEKEEPING			4,074	1,675	1,076	17,950	
011 DIETARY			7,903	11,273	79	447	88,042
012 CAFETERIA			101			1,037	57,176
014 NURSING ADMINISTRATION			1,339	283			
015 CENTRAL SERVICES & SUPPLY			210				
016 PHARMACY			3,939	2,706		138	
017 MEDICAL RECORDS & LIBRARY			4,420	5,668		138	
018 SOCIAL SERVICE			1,759	680		69	
025 INPAT ROUTINE SRVC CNTRS							
033 ADULTS & PEDIATRICS	675	1,109	24,050	28,531	2,573	4,346	6,203
034 NURSERY	41	67	1,175			32	
036 SKILLED NURSING FACILITY	98	161	5,783	20,403	1,494	2,111	8,732
036 OTHER LONG TERM CARE	399	655	7,979	25,441	3,575	2,148	15,931
037 ANCILLARY SRVC COST CNTRS							
039 OPERATING ROOM	2,689	4,423	33,293	26,481	1,697	3,004	
040 DELIVERY ROOM & LABOR ROO	60	98	418	1,105			
041 ANESTHESIOLOGY							
044 RADIOLOGY-DIAGNOSTIC	2,546	4,184	22,265	13,896	782	276	
050 LABORATORY	1,125	1,849	11,926	3,091		447	
051 PHYSICAL THERAPY	730	1,200	10,152	6,362	728	276	
052 OCCUPATIONAL THERAPY	252	414	2,779	4,540		53	
052 SPEECH PATHOLOGY	7	11	287	1,509			
053 ELECTROCARDIOLOGY	617	965	5,818	3,028		53	
055 MEDICAL SUPPLIES CHARGED	97	160	44				
056 DRUGS CHARGED TO PATIENTS	1,030	1,693	4,493				
059 DURABLE MEDICAL EQUIPMENT							
059 01 SLEEP LAB	155	255	1,340	1,032	95	154	
059 02 IV THERAPY							
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC		194	4,310			675	
062 EMERGENCY	1,053	1,050	12,469	6,631	745	654	
071 OBSERVATION BEDS (NON-DIS							
095 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY		273	5,633	2,444		106	
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	11,574	18,761	189,494	168,894	12,844	16,164	88,042
096 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP			75	1,955			
098 PHYSICIANS' PRIVATE OFFIC			502	9,071			
098 02 ORTHO CLINIC			24				
098 03 LEASED SPACE			2,661		88	1,786	
100 OTHER NONREIMBURSABLE COS			221	5,808			
100 01 PHYSICIAN BILLING COSTS		729	132				
100 02 KELLY MEDICAL RENTAL AREA			43	1,116			
100 03 ANESTHESIA BILLNG	381	626	199				
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	11,955	20,116	193,351	186,844	12,932	17,950	88,042

## ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 10/21/2010  
 I 14-1319 I FROM 6/ 1/2009 I WORKSHEET B  
 I I TO 5/31/2010 I PART III

COST CENTER DESCRIPTION	CAFETERIA 12	NURSING ADMIN ISTRATION 14	CENTRAL SERVI CES & SUPPLY 15	PHARMACY 16	MEDICAL RECOR DS & LIBRARY 17	SOCIAL SERVIC E 18	SUBTOTAL 25
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING AND							
006 04 ADMITTING							
006 05 CASHIERING/ACCOUNTS RECEI							
006 06 ADMINISTRATIVE & GENERAL							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA	62,275						
014 NURSING ADMINISTRATION	403	3,618					
015 CENTRAL SERVICES & SUPPLY			436				
016 PHARMACY	1,126			32,164			
017 MEDICAL RECORDS & LIBRARY	3,700				74,913		
018 SOCIAL SERVICE	1,271	122				9,952	
025 INPAT ROUTINE SRVC CNTRS							
033 ADULTS & PEDIATRICS	13,102	1,261			4,132	3,542	315,992
034 NURSERY	73	7			250		5,248
036 SKILLED NURSING FACILITY	4,777	459			601	2,758	152,702
036 OTHER LONG TERM CARE	7,444	645			2,442	1,472	195,083
037 ANCILLARY SRVC COST CNTRS							
039 OPERATING ROOM	7,602	731			16,417	93	373,802
040 DELIVERY ROOM & LABOR ROO	274	26			365		7,261
041 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC	4,491				15,595		267,750
044 LABORATORY	4,334				6,892		78,551
050 PHYSICAL THERAPY	6,242				4,472		113,832
051 OCCUPATIONAL THERAPY	1,533				1,545		32,475
052 SPEECH PATHOLOGY	16				43		9,403
053 ELECTROCARDIOLOGY	2,070				3,598		101,549
055 MEDICAL SUPPLIES CHARGED			436		596		1,333
056 DRUGS CHARGED TO PATIENTS				32,164	6,311		45,691
059 DURABLE MEDICAL EQUIPMENT							
059 01 SLEEP LAB	609	59			951		11,975
059 02 IV THERAPY							
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC					722	149	43,515
062 EMERGENCY	3,208	308			3,913	242	177,796
071 OBSERVATION BEDS (NON-DIS							
071 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY					1,018	1,696	37,546
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	62,275	3,618	436	32,164	69,863	9,952	1,971,504
096 NONREIMBURS COST CENTERS							10,710
098 GIFT, FLOWER, COFFEE SHOP							52,475
098 PHYSICIANS' PRIVATE OFFIC							2,767
098 02 ORTHO CLINIC							156,594
098 03 LEASED SPACE							31,817
100 OTHER NONREIMBURSABLE COS							3,579
100 01 PHYSICIAN BILLING COSTS					2,718		6,115
100 02 KELLY MEDICAL RENTAL AREA							4,066
100 03 ANESTHESIA BILLING					2,332		
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	62,275	3,618	436	32,164	74,913	9,952	2,239,627

## ALLOCATION OF NEW CAPITAL RELATED COSTS

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 10/21/2010
I	14-1319	I	FROM 6/ 1/2009	I	WORKSHEET B
I		I	TO 5/31/2010	I	PART III

	COST CENTER DESCRIPTION	POST STEPDOWN ADJUSTMENT 26	TOTAL 27
003	GENERAL SERVICE COST CNTR		
004	NEW CAP REL COSTS-BLDG &		
005	NEW CAP REL COSTS-MVBLE E		
006	EMPLOYEE BENEFITS		
006 02	DATA PROCESSING		
006 03	PURCHASING, RECEIVING AND		
006 04	ADMITTING		
006 05	CASHIERING/ACCOUNTS RECEI		
006 06	ADMINISTRATIVE & GENERAL		
008	OPERATION OF PLANT		
009	LAUNDRY & LINEN SERVICE		
010	HOUSEKEEPING		
011	DIETARY		
012	CAFETERIA		
014	NURSING ADMINISTRATION		
015	CENTRAL SERVICES & SUPPLY		
016	PHARMACY		
017	MEDICAL RECORDS & LIBRARY		
018	SOCIAL SERVICE		
025	INPAT ROUTINE SRVC CNTRS		
033	ADULTS & PEDIATRICS		315,992
034	NURSERY		5,248
036	SKILLED NURSING FACILITY		152,702
036	OTHER LONG TERM CARE		195,083
037	ANCILLARY SRVC COST CNTRS		
039	OPERATING ROOM		373,802
040	DELIVERY ROOM & LABOR ROO		7,261
041	ANESTHESIOLOGY		
044	RADIOLOGY-DIAGNOSTIC		267,750
050	LABORATORY		78,551
051	PHYSICAL THERAPY		113,832
052	OCCUPATIONAL THERAPY		32,475
053	SPEECH PATHOLOGY		9,403
055	ELECTROCARDIOLOGY		101,549
056	MEDICAL SUPPLIES CHARGED		1,333
059	DRUGS CHARGED TO PATIENTS		45,691
059 01	DURABLE MEDICAL EQUIPMENT		
059 02	SLEEP LAB		11,975
059 02	IV THERAPY		
060	OUTPAT SERVICE COST CNTRS		
061	CLINIC		43,515
062	EMERGENCY		177,796
062	OBSERVATION BEDS (NON-DIS		
071	OTHER REIMBURS COST CNTRS		
071	HOME HEALTH AGENCY		37,546
095	SPEC PURPOSE COST CENTERS		
095	SUBTOTALS		1,971,504
096	NONREIMBURS COST CENTERS		
098	GIFT, FLOWER, COFFEE SHOP		10,710
098 02	PHYSICIANS' PRIVATE OFFIC		52,475
098 02	ORTHO CLINIC		2,767
098 03	LEASED SPACE		156,594
100	OTHER NONREIMBURSABLE COS		31,817
100 01	PHYSICIAN BILLING COSTS		3,579
100 02	KELLY MEDICAL RENTAL AREA		6,115
100 03	ANESTHESIA BILLNG		4,066
101	CROSS FOOT ADJUSTMENTS		
102	NEGATIVE COST CENTER		
103	TOTAL		2,239,627

## COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 10/21/2010  
 I 14-1319 I FROM 6/ 1/2009 I WORKSHEET B-1  
 I I TO 5/31/2010 I

COST CENTER DESCRIPTION	NEW CAP REL OSTS-BLDG &	C NEW CAP REL OSTS-MVBLE	C EMPLOYEE BENE FITS	DATA PROCESSI NG	PURCHASING, R ECEIVING AND	R ADMITTING (GROSS CHARGES	
	(SQUARE FEET	(DOLLAR )VALUE	( ) SALARIES	(TIME )SPENT	(SUPPLY )COST	(GROSS CHARGES	)
	3	4	5	6.02	6.03	6.04	
003 GENERAL SERVICE COST							
004 NEW CAP REL COSTS-BLD	150,956						
005 NEW CAP REL COSTS-MVB		913,494					
005 EMPLOYEE BENEFITS	307	877	10,463,949				
006 02 DATA PROCESSING	1,408	263,866	283,637	14,175			
006 03 PURCHASING, RECEIVING	3,246	107	107,762		3,167,924		
006 04 ADMITTING	794		142,886	250	6,983	49,570,431	
006 05 CASHIERING/ACCOUNTS R	2,001	2,572	210,819		6,644		
006 06 ADMINISTRATIVE & GENE	14,788	24,816	504,704	1,975	50,990		
008 OPERATION OF PLANT	15,009	44,959	176,010		57,332		
009 LAUNDRY & LINEN SERVI	1,082	111	25,194		2,610		
010 HOUSEKEEPING	857	3,032	304,197		55,673		
011 DIETARY	5,766	11,568	449,020	300	47,930		
012 CAFETERIA				200			
014 NURSING ADMINISTRATIO	145	278	115,954		1,334		
015 CENTRAL SERVICES & SU					25,233		
016 PHARMACY	1,384	3,603	172,715	425	11,107		
017 MEDICAL RECORDS & LIB	2,899	14,068	271,440	1,075	14,275		
018 SOCIAL SERVICE	348		150,031	150	906		
025 INPAT ROUTINE SRVC CN							
033 ADULTS & PEDIATRICS	14,593	62,640	1,686,513	1,725	149,445	2,799,715	
034 NURSERY		3,503	103,442		422	169,355	
036 SKILLED NURSING FACIL	10,436	6,882	414,130	375	19,242	406,847	
036 OTHER LONG TERM CARE	13,013	4,576	575,201	450	26,368	1,654,651	
037 ANCILLARY SRVC COST C							
039 OPERATING ROOM	13,545	132,523	1,131,948	425	1,809,661	11,118,612	
040 DELIVERY ROOM & LABOR	565		32,212			247,120	
041 ANESTHESIOLOGY							
044 RADIOLOGY-DIAGNOSTIC	7,108	123,520	625,842	700	254,713	10,565,584	
050 LABORATORY	1,581	20,114	460,220	600	297,690	4,669,437	
051 PHYSICAL THERAPY	3,254	30,095	753,931	1,225	32,428	3,029,764	
051 OCCUPATIONAL THERAPY	2,322	1,094	221,276		1,783	1,046,664	
052 SPEECH PATHOLOGY	772	811	12,550			28,915	
053 ELECTROCARDIOLOGY	1,549	66,044	316,520	225	22,329	2,561,386	
055 MEDICAL SUPPLIES CHAR						403,928	
056 DRUGS CHARGED TO PATI						4,275,554	
059 DURABLE MEDICAL EQUIP							
059 01 SLEEP LAB	528	2,643	76,887		3,011	643,974	
059 02 IV THERAPY							
060 OUTPAT SERVICE COST C							
061 CLINIC		27,625	215,692	425	97,331		
062 EMERGENCY	3,392	45,603	440,356	3,575	81,583	4,368,850	
062 OBSERVATION BEDS (NON							
071 OTHER REIMBURS COST C							
071 HOME HEALTH AGENCY	1,250	13,382	414,038	75	31,826		
095 SPEC PURPOSE COST CEN							
095 SUBTOTALS	123,942	910,912	10,395,127	14,175	3,108,849	47,990,356	
096 NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE	1,000						
098 PHYSICIANS' PRIVATE O	4,640	2,582					
098 02 ORTHO CLINIC	316						
098 03 LEASED SPACE	17,516		68,822				
100 OTHER NONREIMBURSABLE	2,971						
100 01 PHYSICIAN BILLING COS							
100 02 KELLY MEDICAL RENTAL	571						
100 03 ANESTHESIA BILLNG					59,075	1,580,075	
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED	1,310,283	929,344	2,751,870	837,143	174,649	211,057	
104 (WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER	8.679900		.262986		.055130		
105 (WRKSHT B, PT I)		1.017351		59.057707		.004258	
105 COST TO BE ALLOCATED							
106 (WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER							
107 (WRKSHT B, PT II)							
107 COST TO BE ALLOCATED			3,557	280,761	28,321	11,955	
108 (WRKSHT B, PART III)							
108 UNIT COST MULTIPLIER			.000340		.008940		
108 (WRKSHT B, PT III)				19.806772		.000241	



I PROVIDER NO:

I PERIOD:

I PREPARED 10/21/2010

## COST ALLOCATION - STATISTICAL BASIS

I 14-1319

I FROM 6/ 1/2009

I WORKSHEET B-1

I

I TO 5/31/2010

I

		COST CENTER DESCRIPTION	CASHIERING/AC COUNTS RECEI		ADMINISTRATIVE & GENERAL		OPERATION OF PLANT		LAUNDRY & LINEN SERVICE		HOUSEKEEPING		DIETARY	
			(GROSS PT. CHARGES )	RECONCILIATION	( ACCUM. COST	(SQUARE )FEET	(POUNDS OF )LAUNDRY	(HOURS OF )SERVICE	(MEALS )SERVED	( )				
			6.05	6a.06	6.06	8	9	10	11					
		GENERAL SERVICE COST												
003		NEW CAP REL COSTS-BLD												
004		NEW CAP REL COSTS-MVB												
005		EMPLOYEE BENEFITS												
006	02	DATA PROCESSING												
006	03	PURCHASING, RECEIVING												
006	04	ADMITTING												
006	05	CASHIERING/ACCOUNTS R	50,749,382											
006	06	ADMINISTRATIVE & GENE		-2,155,254	22,517,500									
008		OPERATION OF PLANT			1,194,282	95,571								
009		LAUNDRY & LINEN SERVI			149,026	1,082	305,865							
010		HOUSEKEEPING			474,463	857	25,444	84,400						
011		DIETARY			920,365	5,766	1,857	2,100	163,867					
012		CAFETERIA			11,812			4,875	106,417					
014		NURSING ADMINISTRATIO			155,911	145								
015		CENTRAL SERVICES & SU			24,495									
016		PHARMACY			458,696	1,384		650						
017		MEDICAL RECORDS & LIB			514,777	2,899		650						
018		SOCIAL SERVICE			204,796	348		325						
025		INPAT ROUTINE SRVC CN												
033		ADULTS & PEDIATRICS	2,799,715		2,800,708	14,593	60,850	20,425	11,545					
034		NURSERY	169,355		136,788			150						
036		SKILLED NURSING FACIL	406,847		673,455	10,436	35,345	9,925	16,253					
036		OTHER LONG TERM CARE	1,654,651		929,140	13,013	84,552	10,100	29,652					
037		ANCILLARY SRVC COST C												
039		OPERATING ROOM	11,118,612		3,878,111	13,545	40,130	14,125						
039		DELIVERY ROOM & LABOR	247,120		48,699	565								
040		ANESTHESIOLOGY												
041		RADIOLOGY-DIAGNOSTIC	10,565,584		2,592,912	7,108	18,501	1,300						
044		LABORATORY	4,669,437		1,388,789	1,581		2,100						
050		PHYSICAL THERAPY	3,029,764		1,182,283	3,254	17,218	1,300						
051		OCCUPATIONAL THERAPY	1,046,664		323,657	2,322		250						
052		SPEECH PATHOLOGY	28,915		33,376	772								
053		ELECTROCARDIOLOGY	2,437,792		677,592	1,549		250						
055		MEDICAL SUPPLIES CHAR	403,928		5,087									
056		DRUGS CHARGED TO PATI	4,275,554		523,219									
059		DURABLE MEDICAL EQUIP												
059	01	SLEEP LAB	643,974		156,084	528	2,248	725						
059	02	IV THERAPY												
060		OUTPAT SERVICE COST C												
061		CLINIC	489,425		501,895			3,175						
062		EMERGENCY	2,651,172		1,452,082	3,392	17,631	3,075						
071		OBSERVATION BEDS (NON												
071		OTHER REIMBURS COST C												
071		HOME HEALTH AGENCY	689,526		655,994	1,250		500						
095		SPEC PURPOSE COST CEN												
095		SUBTOTALS	47,328,035	-2,155,254	22,068,494	86,389	303,776	76,000	163,867					
096		NONREIMBURS COST CENT												
096		GIFT, FLOWER, COFFEE			8,680	1,000								
098		PHYSICIANS' PRIVATE O			58,461	4,640								
098	02	ORTHO CLINIC			2,743									
098	03	LEASED SPACE			309,872		2,089	8,400						
100		OTHER NONREIMBURSABLE			25,788	2,971								
100	01	PHYSICIAN BILLING COS	1,841,272		15,349									
100	02	KELLY MEDICAL RENTAL			4,956	571								
100	03	ANESTHESIA BILLING	1,580,075		23,157									
101		CROSS FOOT ADJUSTMENT												
102		NEGATIVE COST CENTER												
103		COST TO BE ALLOCATED	423,066		2,155,254	1,308,593	178,105	546,426	1,102,085					
104		(WRKSHT B, PART I)												
104		UNIT COST MULTIPLIER				13.692365		6.474242						
105		(WRKSHT B, PT I)	.008336		.095715		.582299		6.725485					
105		COST TO BE ALLOCATED												
106		(WRKSHT B, PART II)												
106		UNIT COST MULTIPLIER												
107		(WRKSHT B, PT II)												
107		COST TO BE ALLOCATED	20,116		193,351	186,844	12,932	17,950	88,042					
108		(WRKSHT B, PART III)												
108		UNIT COST MULTIPLIER				1.955028		.212678						
108		(WRKSHT B, PT III)	.000396		.008587		.042280		.537277					

## COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO:  
I 14-1319  
II PERIOD:  
I FROM 6/ 1/2009  
I TO 5/31/2010 II PREPARED 10/21/2010  
I WORKSHEET B-1  
I

COST CENTER DESCRIPTION	CAFETERIA (FTE'S	NURSING ADMIN ISTRATION (FTE'S	CENTRAL SERVI CES & SUPPLY (COSTED )REQUIS	PHARMACY (COSTED )REQUIS	MEDICAL RECOR DS & LIBRARY (GROSS PT. )CHARGES	SOCIAL SERVIC E (TIME )SPENT
	12	14	15	16	17	18
003 GENERAL SERVICE COST						
004 NEW CAP REL COSTS-BLD						
005 NEW CAP REL COSTS-MVB						
006 EMPLOYEE BENEFITS						
006 02 DATA PROCESSING						
006 03 PURCHASING, RECEIVING						
006 04 ADMITTING						
006 05 CASHIERING/ACCOUNTS R						
006 06 ADMINISTRATIVE & GENE						
008 OPERATION OF PLANT						
009 LAUNDRY & LINEN SERVI						
010 HOUSEKEEPING						
011 DIETARY						
012 CAFETERIA	15,434					
014 NURSING ADMINISTRATIO	100	9,325				
015 CENTRAL SERVICES & SU			100			
016 PHARMACY	279			100		
017 MEDICAL RECORDS & LIB	917				50,749,382	
018 SOCIAL SERVICE	315	315				13,350
025 INPAT ROUTINE SRVC CN						
033 ADULTS & PEDIATRICS	3,247	3,247			2,799,715	4,750
033 NURSERY	18	18			169,355	
034 SKILLED NURSING FACIL	1,184	1,184			406,847	3,700
036 OTHER LONG TERM CARE	1,845	1,663			1,654,651	1,975
037 ANCILLARY SRVC COST C						
039 OPERATING ROOM	1,884	1,884			11,118,612	125
040 DELIVERY ROOM & LABOR	68	68			247,120	
041 ANESTHESIOLOGY						
041 RADIOLOGY-DIAGNOSTIC	1,113				10,565,584	
044 LABORATORY	1,074				4,669,437	
050 PHYSICAL THERAPY	1,547				3,029,764	
051 OCCUPATIONAL THERAPY	380				1,046,664	
052 SPEECH PATHOLOGY	4				28,915	
053 ELECTROCARDIOLOGY	513				2,437,792	
055 MEDICAL SUPPLIES CHAR			100		403,928	
056 DRUGS CHARGED TO PATI				100	4,275,554	
059 DURABLE MEDICAL EQUIP						
059 01 SLEEP LAB	151	151			643,974	
059 02 IV THERAPY						
060 OUTPAT SERVICE COST C						
061 CLINIC					489,425	200
061 EMERGENCY	795	795			2,651,172	325
062 OBSERVATION BEDS (NON						
071 OTHER REIMBURS COST C					689,526	2,275
071 HOME HEALTH AGENCY						
095 SPEC PURPOSE COST CEN						
095 SUBTOTALS	15,434	9,325	100	100	47,328,035	13,350
096 NONREIMBURS COST CENT						
098 GIFT, FLOWER, COFFEE						
098 PHYSICIANS' PRIVATE O						
098 02 ORTHO CLINIC						
098 03 LEASED SPACE						
100 OTHER NONREIMBURSABLE						
100 01 PHYSICIAN BILLING COS					1,841,272	
100 02 KELLY MEDICAL RENTAL						
100 03 ANESTHESIA BILLNG					1,580,075	
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED	760,211	177,745	26,840	539,500	653,118	252,787
104 (PER WRKSHT B, PART						
104 UNIT COST MULTIPLIER		19.061126		5,395.000000		18.935356
105 (WRKSHT B, PT I)	49.255605		268.400000		.012869	
105 COST TO BE ALLOCATED						
106 (PER WRKSHT B, PART						
106 UNIT COST MULTIPLIER						
107 (WRKSHT B, PT II)						
107 COST TO BE ALLOCATED	62,275	3,618	436	32,164	74,913	9,952
108 (PER WRKSHT B, PART						
108 UNIT COST MULTIPLIER		.387989		321.640000		.745468
108 (WRKSHT B, PT III)	4.034923		4.360000		.001476	

## COMPUTATION OF RATIO OF COSTS TO CHARGES

I PROVIDER NO: I PERIOD: I PREPARED 10/21/2010  
 I 14-1319 I FROM 6/ 1/2009 I WORKSHEET C  
 I I TO 5/31/2010 I PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	3,861,701		3,861,701		3,861,701
33	NURSERY	154,261		154,261		154,261
34	SKILLED NURSING FACILITY	1,231,140		1,231,140		1,231,140
36	OTHER LONG TERM CARE	1,691,568		1,691,568		1,691,568
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	4,823,758		4,823,758		4,823,758
39	DELIVERY ROOM & LABOR ROO	68,921		68,921		68,921
40	ANESTHESIOLOGY					
41	RADIOLOGY-DIAGNOSTIC	3,148,398		3,148,398		3,148,398
44	LABORATORY	1,669,953		1,669,953		1,669,953
50	PHYSICAL THERAPY	1,473,631		1,473,631		1,473,631
51	OCCUPATIONAL THERAPY	420,236		420,236		420,236
52	SPEECH PATHOLOGY	47,711		47,711		47,711
53	ELECTROCARDIOLOGY	821,916		821,916		821,916
55	MEDICAL SUPPLIES CHARGED	37,612		37,612		37,612
56	DRUGS CHARGED TO PATIENTS	1,167,821		1,167,821		1,167,821
59	DURABLE MEDICAL EQUIPMENT					
59 01	SLEEP LAB	202,860		202,860		202,860
59 02	IV THERAPY					
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	580,575		580,575		580,575
61	EMERGENCY	1,762,272		1,762,272		1,762,272
62	OBSERVATION BEDS (NON-DIS	601,448		601,448		601,448
	OTHER REIMBURS COST CNTRS					
101	SUBTOTAL	23,765,782		23,765,782		23,765,782
102	LESS OBSERVATION BEDS	601,448		601,448		601,448
103	TOTAL	23,164,334		23,164,334		23,164,334

## COMPUTATION OF RATIO OF COSTS TO CHARGES

I PROVIDER NO: I PERIOD: I PREPARED 10/21/2010  
 I 14-1319 I FROM 6/ 1/2009 I WORKSHEET C  
 I I TO 5/31/2010 I PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
25	INPAT ROUTINE SRVC CNTRS						
33	ADULTS & PEDIATRICS	2,360,832		2,360,832			
34	NURSERY	169,355		169,355			
36	SKILLED NURSING FACILITY	406,847		406,847			
	OTHER LONG TERM CARE	1,650,931		1,650,931			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	4,035,081	7,083,531	11,118,612	.433845	.433845	.433845
39	DELIVERY ROOM & LABOR ROO	202,634	44,486	247,120	.278897	.278897	.278897
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC	1,168,702	9,396,882	10,565,584	.297986	.297986	.297986
44	LABORATORY	1,123,357	3,546,080	4,669,437	.357635	.357635	.357635
50	PHYSICAL THERAPY	585,348	2,444,416	3,029,764	.486385	.486385	.486385
51	OCCUPATIONAL THERAPY	315,223	731,441	1,046,664	.401500	.401500	.401500
52	SPEECH PATHOLOGY	13,885	15,030	28,915	1.650043	1.650043	1.650043
53	ELECTROCARDIOLOGY	266,618	2,171,174	2,437,792	.337156	.337156	.337156
55	MEDICAL SUPPLIES CHARGED	332,735	71,193	403,928	.093116	.093116	.093116
56	DRUGS CHARGED TO PATIENTS	3,270,405	1,005,149	4,275,554	.273139	.273139	.273139
59	DURABLE MEDICAL EQUIPMENT						
59 01	SLEEP LAB	6,000	637,974	643,974	.315013	.315013	.315013
59 02	IV THERAPY						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC		356,873	356,873	1.626839	1.626839	1.626839
61	EMERGENCY	430,554	2,220,618	2,651,172	.664714	.664714	.664714
62	OBSERVATION BEDS (NON-DIS	1,000	437,883	438,883	1.370406	1.370406	1.370406
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	16,339,507	30,162,730	46,502,237			
102	LESS OBSERVATION BEDS						
103	TOTAL	16,339,507	30,162,730	46,502,237			

COMPUTATION OF RATIO OF COSTS TO CHARGES  
SPECIAL TITLE XIX WORKSHEET

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 10/21/2010
I	14-1319	I	FROM 6/ 1/2009	I	WORKSHEET C
I		I	TO 5/31/2010	I	PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	3,861,701		3,861,701		3,861,701
33	NURSERY	154,261		154,261		154,261
34	SKILLED NURSING FACILITY	1,231,140		1,231,140		1,231,140
36	OTHER LONG TERM CARE	1,691,568		1,691,568		1,691,568
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	4,823,758		4,823,758		4,823,758
39	DELIVERY ROOM & LABOR ROO	68,921		68,921		68,921
40	ANESTHESIOLOGY					
41	RADIOLOGY-DIAGNOSTIC	3,148,398		3,148,398		3,148,398
44	LABORATORY	1,669,953		1,669,953		1,669,953
50	PHYSICAL THERAPY	1,473,631		1,473,631		1,473,631
51	OCCUPATIONAL THERAPY	420,236		420,236		420,236
52	SPEECH PATHOLOGY	47,711		47,711		47,711
53	ELECTROCARDIOLOGY	821,916		821,916		821,916
55	MEDICAL SUPPLIES CHARGED	37,612		37,612		37,612
56	DRUGS CHARGED TO PATIENTS	1,167,821		1,167,821		1,167,821
59	DURABLE MEDICAL EQUIPMENT					
59	01 SLEEP LAB	202,860		202,860		202,860
59	02 IV THERAPY					
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	580,575		580,575		580,575
61	EMERGENCY	1,762,272		1,762,272		1,762,272
62	OBSERVATION BEDS (NON-DIS	601,448		601,448		601,448
	OTHER REIMBURS COST CNTRS					
101	SUBTOTAL	23,765,782		23,765,782		23,765,782
102	LESS OBSERVATION BEDS	601,448		601,448		601,448
103	TOTAL	23,164,334		23,164,334		23,164,334

COMPUTATION OF RATIO OF COSTS TO CHARGES  
SPECIAL TITLE XIX WORKSHEET

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 10/21/2010
I	14-1319	I	FROM 6/ 1/2009	I	WORKSHEET C
I		I	TO 5/31/2010	I	PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	2,360,832		2,360,832			
33	NURSERY	169,355		169,355			
34	SKILLED NURSING FACILITY	406,847		406,847			
36	OTHER LONG TERM CARE	1,650,931		1,650,931			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	4,035,081	7,083,531	11,118,612	.433845	.433845	.433845
39	DELIVERY ROOM & LABOR ROO	202,634	44,486	247,120	.278897	.278897	.278897
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC	1,168,702	9,396,882	10,565,584	.297986	.297986	.297986
44	LABORATORY	1,123,357	3,546,080	4,669,437	.357635	.357635	.357635
50	PHYSICAL THERAPY	585,348	2,444,416	3,029,764	.486385	.486385	.486385
51	OCCUPATIONAL THERAPY	315,223	731,441	1,046,664	.401500	.401500	.401500
52	SPEECH PATHOLOGY	13,885	15,030	28,915	1.650043	1.650043	1.650043
53	ELECTROCARDIOLOGY	266,618	2,171,174	2,437,792	.337156	.337156	.337156
55	MEDICAL SUPPLIES CHARGED	332,735	71,193	403,928	.093116	.093116	.093116
56	DRUGS CHARGED TO PATIENTS	3,270,405	1,005,149	4,275,554	.273139	.273139	.273139
59	DURABLE MEDICAL EQUIPMENT						
59 01	SLEEP LAB	6,000	637,974	643,974	.315013	.315013	.315013
59 02	IV THERAPY						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC		356,873	356,873	1.626839	1.626839	1.626839
61	EMERGENCY	430,554	2,220,618	2,651,172	.664714	.664714	.664714
62	OBSERVATION BEDS (NON-DIS	1,000	437,883	438,883	1.370406	1.370406	1.370406
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	16,339,507	30,162,730	46,502,237			
102	LESS OBSERVATION BEDS						
103	TOTAL	16,339,507	30,162,730	46,502,237			

Health Financial Systems MCRIF32 FOR HAMMOND-HENRY HOSPITAL  
 CALCULATION OF OUTPATIENT SERVICE COST TO  
 CHARGE RATIOS NET OF REDUCTIONS

I PROVIDER NO: I PERIOD: I PREPARED 10/21/2010  
 I 14-1319 I FROM 6/ 1/2009 I WORKSHEET C  
 I I TO 5/31/2010 I PART II

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
39	OPERATING ROOM	4,823,758	373,802	4,449,956			4,823,758
40	DELIVERY ROOM & LABOR ROO	68,921	7,261	61,660			68,921
41	ANESTHESIOLOGY						
44	RADIOLOGY-DIAGNOSTIC	3,148,398	267,750	2,880,648			3,148,398
50	LABORATORY	1,669,953	78,551	1,591,402			1,669,953
51	PHYSICAL THERAPY	1,473,631	113,832	1,359,799			1,473,631
52	OCCUPATIONAL THERAPY	420,236	32,475	387,761			420,236
53	SPEECH PATHOLOGY	47,711	9,403	38,308			47,711
55	ELECTROCARDIOLOGY	821,916	101,549	720,367			821,916
56	MEDICAL SUPPLIES CHARGED	37,612	1,333	36,279			37,612
59	DRUGS CHARGED TO PATIENTS	1,167,821	45,691	1,122,130			1,167,821
59	DURABLE MEDICAL EQUIPMENT						
59 01	SLEEP LAB	202,860	11,975	190,885			202,860
59 02	IV THERAPY						
60	OUTPAT SERVICE COST CNTRS						
61	CLINIC	580,575	43,515	537,060			580,575
62	EMERGENCY	1,762,272	177,796	1,584,476			1,762,272
62	OBSERVATION BEDS (NON-DIS	601,448		601,448			601,448
101	OTHER REIMBURS COST CNTRS						
102	SUBTOTAL	16,827,112	1,264,933	15,562,179			16,827,112
103	LESS OBSERVATION BEDS	601,448		601,448			601,448
103	TOTAL	16,225,664	1,264,933	14,960,731			16,225,664

Health Financial Systems MCRIF32 FOR HAMMOND-HENRY HOSPITAL  
 CALCULATION OF OUTPATIENT SERVICE COST TO  
 CHARGE RATIOS NET OF REDUCTIONS

I PROVIDER NO: I PERIOD: I PREPARED 10/21/2010  
 I 14-1319 I FROM 6/ 1/2009 I WORKSHEET C  
 I I TO 5/31/2010 I PART II

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
39	OPERATING ROOM	11,118,612	.433845	.433845
40	DELIVERY ROOM & LABOR ROO	247,120	.278897	.278897
41	ANESTHESIOLOGY			
44	RADIOLOGY-DIAGNOSTIC	10,565,584	.297986	.297986
50	LABORATORY	4,669,437	.357635	.357635
51	PHYSICAL THERAPY	3,029,764	.486385	.486385
51	OCCUPATIONAL THERAPY	1,046,664	.401500	.401500
52	SPEECH PATHOLOGY	28,915	1.650043	1.650043
53	ELECTROCARDIOLOGY	2,437,792	.337156	.337156
55	MEDICAL SUPPLIES CHARGED	403,928	.093116	.093116
56	DRUGS CHARGED TO PATIENTS	4,275,554	.273139	.273139
59	DURABLE MEDICAL EQUIPMENT			
59 01	SLEEP LAB	643,974	.315013	.315013
59 02	IV THERAPY			
60	OUTPAT SERVICE COST CNTRS			
61	CLINIC	356,873	1.626839	1.626839
61	EMERGENCY	2,651,172	.664714	.664714
62	OBSERVATION BEDS (NON-DIS	438,883	1.370406	1.370406
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	41,914,272		
102	LESS OBSERVATION BEDS	438,883		
103	TOTAL	41,475,389		



Health Financial Systems MCRIF32 FOR HAMMOND-HENRY HOSPITAL  
 CALCULATION OF OUTPATIENT SERVICE COST TO  
 CHARGE RATIOS NET OF REDUCTIONS  
 SPECIAL TITLE XIX WORKSHEET

I PROVIDER NO: I PERIOD: I PREPARED 10/21/2010  
 I 14-1319 I FROM 6/ 1/2009 I WORKSHEET C  
 I I TO 5/31/2010 I PART II

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
39	OPERATING ROOM	4,823,758	373,802	4,449,956			4,823,758
40	DELIVERY ROOM & LABOR ROO	68,921	7,261	61,660			68,921
41	ANESTHESIOLOGY						
44	RADIOLOGY-DIAGNOSTIC	3,148,398	267,750	2,880,648			3,148,398
50	LABORATORY	1,669,953	78,551	1,591,402			1,669,953
51	PHYSICAL THERAPY	1,473,631	113,832	1,359,799			1,473,631
52	OCCUPATIONAL THERAPY	420,236	32,475	387,761			420,236
53	SPEECH PATHOLOGY	47,711	9,403	38,308			47,711
55	ELECTROCARDIOLOGY	821,916	101,549	720,367			821,916
56	MEDICAL SUPPLIES CHARGED	37,612	1,333	36,279			37,612
59	DRUGS CHARGED TO PATIENTS	1,167,821	45,691	1,122,130			1,167,821
59	DURABLE MEDICAL EQUIPMENT						
59	01 SLEEP LAB	202,860	11,975	190,885			202,860
59	02 IV THERAPY						
60	OUTPAT SERVICE COST CNTRS						
61	CLINIC	580,575	43,515	537,060			580,575
62	EMERGENCY	1,762,272	177,796	1,584,476			1,762,272
62	OBSERVATION BEDS (NON-DIS	601,448		601,448			601,448
101	OTHER REIMBURS COST CNTRS						
102	SUBTOTAL	16,827,112	1,264,933	15,562,179			16,827,112
103	LESS OBSERVATION BEDS	601,448		601,448			601,448
103	TOTAL	16,225,664	1,264,933	14,960,731			16,225,664

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	11,118,612	.433845	.433845
39	DELIVERY ROOM & LABOR ROO	247,120	.278897	.278897
40	ANESTHESIOLOGY			
41	RADIOLOGY-DIAGNOSTIC	10,565,584	.297986	.297986
44	LABORATORY	4,669,437	.357635	.357635
50	PHYSICAL THERAPY	3,029,764	.486385	.486385
51	OCCUPATIONAL THERAPY	1,046,664	.401500	.401500
52	SPEECH PATHOLOGY	28,915	1.650043	1.650043
53	ELECTROCARDIOLOGY	2,437,792	.337156	.337156
55	MEDICAL SUPPLIES CHARGED	403,928	.093116	.093116
56	DRUGS CHARGED TO PATIENTS	4,275,554	.273139	.273139
59	DURABLE MEDICAL EQUIPMENT			
59	01 SLEEP LAB	643,974	.315013	.315013
59	02 IV THERAPY			
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	356,873	1.626839	1.626839
61	EMERGENCY	2,651,172	.664714	.664714
62	OBSERVATION BEDS (NON-DIS	438,883	1.370406	1.370406
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	41,914,272		
102	LESS OBSERVATION BEDS	438,883		
103	TOTAL	41,475,389		

I PROVIDER NO:

I PERIOD:

I PREPARED 10/21/2010

I 14-1319

I FROM 6/ 1/2009

I WORKSHEET C

I TO 5/31/2010

I PART III

## COMPUTATION OF TOTAL RPCH INPATIENT ANCILLARY COSTS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST 8, PT I COL. 27 1	TOTAL ANCILLARY CHARGES 2	TOTAL INP ANCILLARY CHARGES 3	CHARGE TO CHARGE RATIO 4	TOTAL INPATIENT COST 5
37	ANCILLARY SRVC COST CNTRS					
39	OPERATING ROOM	4,281,300	10,117,772			
40	DELIVERY ROOM & LABOR ROO	92,251	246,362			
41	ANESTHESIOLOGY					
44	RADIOLOGY-DIAGNOSTIC	3,161,560	9,036,415			
50	LABORATORY	1,504,882	4,073,363			
51	PHYSICAL THERAPY	1,299,348	3,237,961			
51	OCCUPATIONAL THERAPY	433,730	1,067,132			
52	SPEECH PATHOLOGY	98,828	119,820			
53	ELECTROCARDIOLOGY	591,716	1,662,642			
55	MEDICAL SUPPLIES CHARGED	93,309	313,422			
56	DRUGS CHARGED TO PATIENTS	909,724	3,853,495			
59	DURABLE MEDICAL EQUIPMENT					
59 01	SLEEP LAB	147,481	379,250			
59 02	IV THERAPY					
60	OUTPAT SERVICE COST CNTRS					
61	CLINIC					
61	EMERGENCY	1,535,017	2,648,189			
62	OBSERVATION BEDS (NON-DIS	539,771	445,545			
101	OTHER REIMBURS COST CNTRS					
101	TOTAL	14,688,917	37,201,368			

COMPUTATION OF OUTPATIENT COST PER VISIT -  
RURAL PRIMARY CARE HOSPITAL

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 10/21/2010
I	14-1319	I	FROM 6/ 1/2009	I	WORKSHEET C
I		I	TO 5/31/2010	I	PART V

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	PROVIDER-BASED PHYSICIAN ADJUSTMENT 2	TOTAL COSTS 3	TOTAL ANCILLARY CHARGES 4	TOTAL OUTPATIENT CHARGES 5	RATIO OF OUT- PATIENT CHRGS TO TTL CHARGES 6	TOTAL OUT- PATIENT COSTS 7
37	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM	4,281,300		4,281,300	10,117,772			
39	DELIVERY ROOM & LABOR ROO	92,251		92,251	246,362			
40	ANESTHESIOLOGY							
41	RADIOLOGY-DIAGNOSTIC	3,161,560		3,161,560	9,036,415			
44	LABORATORY	1,504,882		1,504,882	4,073,363			
50	PHYSICAL THERAPY	1,299,348		1,299,348	3,237,961			
51	OCCUPATIONAL THERAPY	433,730		433,730	1,067,132			
52	SPEECH PATHOLOGY	98,828		98,828	119,820			
53	ELECTROCARDIOLOGY	591,716	36,002	627,718	1,662,642			
55	MEDICAL SUPPLIES CHARGED	93,309		93,309	313,422			
56	DRUGS CHARGED TO PATIENTS	909,724		909,724	3,853,495			
59	DURABLE MEDICAL EQUIPMENT							
59	01 SLEEP LAB	147,481		147,481	379,250			
59	02 IV THERAPY							
	OUTPAT SERVICE COST CNTRS							
60	CLINIC							
61	EMERGENCY	1,535,017	631,108	2,166,125	2,648,189			
62	OBSERVATION BEDS (NON-DIS	539,771		539,771	445,545			
	OTHER REIMBURS COST CNTRS							
101	TOTAL	14,688,917	667,110	15,356,027	37,201,368			
102	TOTAL OUTPATIENT VISITS							
103	AGGREGATE COST PER VISIT							
104	TITLE V OUTPATIENT VISITS							
105	TITLE XVIII OUTPAT VISITS							
106	TITLE XIX OUTPAT VISITS							
107	TITLE V OUTPAT COSTS							
108	TITLE XVIII OUTPAT COSTS							
109	TITLE XIX OUTPAT COSTS							

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES &amp; VACCINE COSTS

I  
I  
I  
IPROVIDER NO:  
14-1319  
COMPONENT NO:  
14-1319I PERIOD:  
I FROM 6/ 1/2009  
I TO 5/31/2010  
II PREPARED 10/21/2010  
I WORKSHEET D  
I PART V  
I

## TITLE XVIII, PART B

## HOSPITAL

Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt II, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology
	1	1.01	1.02	2	3
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.433845		.433845		
39 DELIVERY ROOM & LABOR ROOM	.278897		.278897		
40 ANESTHESIOLOGY					
41 RADIOLOGY-DIAGNOSTIC	.297986		.297986		
44 LABORATORY	.357635		.357635		
50 PHYSICAL THERAPY	.486385		.486385		
51 OCCUPATIONAL THERAPY	.401500		.401500		
52 SPEECH PATHOLOGY	1.650043		1.650043		
53 ELECTROCARDIOLOGY	.337156		.337156		
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.093116		.093116		
56 DRUGS CHARGED TO PATIENTS	.273139		.273139		
59 DURABLE MEDICAL EQUIPMENT					
59 01 SLEEP LAB	.315013		.315013		
59 02 IV THERAPY					
OUTPAT SERVICE COST CNTRS					
60 CLINIC	1.626839		1.626839		
61 EMERGENCY	.664714		.664714		
62 OBSERVATION BEDS (NON-DISTINCT PART)	1.370406		1.370406		
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-					
PROGRAM ONLY CHARGES					
104 NET CHARGES					

TITLE XVIII, PART B

HOSPITAL

	Other Outpatient Diagnostic	All Other (1)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic
Cost Center Description	4	5	6	7	8
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM		2,234,582			
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY					
41 RADIOLOGY-DIAGNOSTIC		3,426,350			
44 LABORATORY		1,811,674			
50 PHYSICAL THERAPY		727,623			
51 OCCUPATIONAL THERAPY		218,315			
52 SPEECH PATHOLOGY		10,187			
53 ELECTROCARDIOLOGY		1,096,455			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS		70,803			
56 DRUGS CHARGED TO PATIENTS		853,937			
59 DURABLE MEDICAL EQUIPMENT					
59 01 SLEEP LAB		166,722			
59 02 IV THERAPY					
60 OUTPAT SERVICE COST CNTRS					
61 CLINIC		161,035			
61 EMERGENCY		888,374			
62 OBSERVATION BEDS (NON-DISTINCT PART)		245,899			
101 SUBTOTAL		11,911,956			
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-					
PROGRAM ONLY CHARGES					
104 NET CHARGES		11,911,956			

[illegible]

11

1,021,004  
647,918  
353,905  
87,653  
16,809  
369,676  
6,593  
233,243  
  
52,520  
  
261,978  
590,515  
336,981  
4,948,257  
  
4,948,257

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COST

I PROVIDER NO:	I PERIOD:	I PREPARED 10/21/2010
I 14-1319	I FROM 6/ 1/2009	I WORKSHEET D
I COMPONENT NO:	I TO 5/31/2010	I PART VI
I 14-1319	I	I

TITLE XVIII, PART B HOSPITAL

PART VI - VACCINE COST APPORTIONMENT

1	DRUGS CHARGED TO PATIENTS-RATIO OF COST TO CHARGES
2	PROGRAM VACCINE CHARGES
3	PROGRAM COSTS

1  
 .273139  
 7,097  
 1,938



TITLE XVIII, PART A	SKILLED NURSING FACILITY	PPS
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WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	COSTS 6
37	ANCILLARY SRVC COST CNTRS						
39	OPERATING ROOM						
40	DELIVERY ROOM & LABOR ROO						
41	ANESTHESIOLOGY						
44	RADIOLOGY-DIAGNOSTIC						
50	LABORATORY						
51	PHYSICAL THERAPY						
52	OCCUPATIONAL THERAPY						
53	SPEECH PATHOLOGY						
55	ELECTROCARDIOLOGY						
56	MEDICAL SUPPLIES CHARGED						
59	DRUGS CHARGED TO PATIENTS						
59	DURABLE MEDICAL EQUIPMENT						
59	01 SLEEP LAB						
59	02 IV THERAPY						
60	OUTPAT SERVICE COST CNTRS						
61	CLINIC						
62	EMERGENCY						
101	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
	TOTAL						

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 10/21/2010  
 I 14-1319 I FROM 6/ 1/2009 I WORKSHEET D  
 I COMPONENT NO: I TO 5/31/2010 I PART II  
 I 14-5464 I

TITLE XVIII, PART A

SKILLED NURSING FACILITY

PPS

WKST A	COST CENTER DESCRIPTION	NEW CAPITAL
LINE NO.	CST/CHRG RATIO	COSTS
	7	8
37	ANCILLARY SRVC COST CNTRS	
39	OPERATING ROOM	
40	DELIVERY ROOM & LABOR ROO	
41	ANESTHESIOLOGY	
44	RADIOLOGY-DIAGNOSTIC	
50	LABORATORY	
51	PHYSICAL THERAPY	
52	OCCUPATIONAL THERAPY	
53	SPEECH PATHOLOGY	
55	ELECTROCARDIOLOGY	
56	MEDICAL SUPPLIES CHARGED	
59	DRUGS CHARGED TO PATIENTS	
59	DURABLE MEDICAL EQUIPMENT	
59 01	SLEEP LAB	
59 02	IV THERAPY	
60	OUTPAT SERVICE COST CNTRS	
61	CLINIC	
62	EMERGENCY	
101	OBSERVATION BEDS (NON-DIS	
	OTHER REIMBURS COST CNTRS	
	TOTAL	

TITLE XVIII, PART A		SKILLED NURSING FACILITY		PPS			
WKST A	COST CENTER DESCRIPTION	NONPHYSICIAN		MED ED NRS	MED ED ALLIED	MED ED ALL	BLOOD CLOT FOR
LINE NO.		ANESTHETIST		SCHOOL COST	HEALTH COST	OTHER COSTS	HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
44	LABORATORY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
59	DURABLE MEDICAL EQUIPMENT						
59 01	SLEEP LAB						
59 02	IV THERAPY						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

TITLE XVIII, PART A

SKILLED NURSING FACILITY

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
39	OPERATING ROOM			11,118,612				
40	DELIVERY ROOM & LABOR ROO			247,120				
41	ANESTHESIOLOGY							
44	RADIOLOGY-DIAGNOSTIC			10,565,584			13,264	
50	LABORATORY			4,669,437			27,088	
51	PHYSICAL THERAPY			3,029,764			268,469	
52	OCCUPATIONAL THERAPY			1,046,664			146,670	
53	SPEECH PATHOLOGY			28,915			5,357	
55	ELECTROCARDIOLOGY			2,437,792			3,054	
56	MEDICAL SUPPLIES CHARGED			403,928			1,782	
59	DRUGS CHARGED TO PATIENTS			4,275,554			90,678	
59	DURABLE MEDICAL EQUIPMENT							
59	01 SLEEP LAB			643,974			3,024	
59	02 IV THERAPY							
60	OUTPAT SERVICE COST CNTRS							
61	CLINIC			356,873				
62	EMERGENCY			2,651,172				
62	OBSERVATION BEDS (NON-DIS			438,883				
101	OTHER REIMBURS COST CNTRS							
	TOTAL			41,914,272			559,386	

TITLE XVIII, PART A

SKILLED NURSING FACILITY

PPS

WKST A	COST CENTER DESCRIPTION	OUTPAT PROG	OUTPAT PROG	OUTPAT PROG	OUTPAT PROG	COL 8.01	COL 8.02
LINE NO.		CHARGES	D,V COL 5.03	D,V COL 5.04	PASS THRU COST	* COL 5	* COL 5
		8	8.01	8.02	9	9.01	9.02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
44	LABORATORY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
59	DURABLE MEDICAL EQUIPMENT						
59 01	SLEEP LAB						
59 02	IV THERAPY						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

## COMPUTATION OF INPATIENT OPERATING COST

I PROVIDER NO:	I PERIOD:	I PREPARED 10/21/2010
I 14-1319	I FROM 6/ 1/2009	I WORKSHEET D-1
I COMPONENT NO:	I TO 5/31/2010	I PART I
I 14-1319	I	I

TITLE XVIII PART A

HOSPITAL

OTHER

## PART I - ALL PROVIDER COMPONENTS

1

## INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	4,045
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	3,463
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	3,463
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS)	312
6	THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER	270
7	DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS)	
8	THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER	
9	DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM	1,754
10	(EXCLUDING SWING-BED AND NEWBORN DAYS)	
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING	312
11	PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING	217
12	PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR	
12	YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING	
13	PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING	
14	PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR	
14	YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM	
15	(EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

## SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH	
18	DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER	
19	DECEMBER 31 OF THE COST REPORTING PERIOD	115.73
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH	
20	DECEMBER 31 OF THE COST REPORTING PERIOD	119.20
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER	
21	DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	3,861,701
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST	
23	REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST	
24	REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST	
25	REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST	
26	REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	555,630
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	3,306,071

## PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	2,349,852
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	2,349,852
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.406927
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	678.56
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM	3,306,071
	COST DIFFERENTIAL	

PROGRAM INPATIENT ROUTINE SWING BED COST		
60	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	297,863
61	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	207,168
62	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS	505,031
63	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
64	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
65	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS	

## COMPUTATION OF INPATIENT OPERATING COST

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 10/21/2010
I	14-1319	I	FROM 6/ 1/2009	I	WORKSHEET D-1
I	COMPONENT NO:	I	TO 5/31/2010	I	PART III
I	14-1319	I		I	

TITLE XVIII PART A

HOSPITAL

OTHER

## PART III - SKILLED NURSING FACILITY, NURSING FACILITY &amp; ICF/MR ONLY

1

66 SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE  
SERVICE COST  
67 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM  
68 PROGRAM ROUTINE SERVICE COST  
69 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM  
70 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS  
71 CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS  
72 PER DIEM CAPITAL-RELATED COSTS  
73 PROGRAM CAPITAL-RELATED COSTS  
74 INPATIENT ROUTINE SERVICE COST  
75 AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS  
76 TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION  
77 INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION  
78 INPATIENT ROUTINE SERVICE COST LIMITATION  
79 REASONABLE INPATIENT ROUTINE SERVICE COSTS  
80 PROGRAM INPATIENT ANCILLARY SERVICES  
81 UTILIZATION REVIEW - PHYSICIAN COMPENSATION  
82 TOTAL PROGRAM INPATIENT OPERATING COSTS

## PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	630
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	954.68
85	OBSERVATION BED COST	601,448

## COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86	OLD CAPITAL-RELATED COST				
87	NEW CAPITAL-RELATED COST				
88	NON PHYSICIAN ANESTHETIST				
89	MEDICAL EDUCATION				
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				



## COMPUTATION OF INPATIENT OPERATING COST

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 10/21/2010
I	14-1319	I	FROM 6/ 1/2009	I	WORKSHEET D-1
I	COMPONENT NO:	I	TO 5/31/2010	I	PART I
I	14-5464	I		I	

TITLE XVIII PART A

SNF

PPS

## PART I - ALL PROVIDER COMPONENTS

1

## INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	5,164
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	5,164
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	5,164
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	1,305
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

## SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	112.00
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	112.00
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	112.00
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	1,231,140
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	1,231,140
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	

## PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	406,847
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	406,847
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	3.026052
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	78.79
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	1,231,140

TITLE XVIII PART A	SNF	PPS
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PART III - SKILLED NURSING FACILITY, NURSINGFACILITY & ICF/MR ONLY

66	SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST	1,231,140
67	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	238.41
68	PROGRAM ROUTINE SERVICE COST	311,125
69	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM	
70	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS	311,125
71	CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS	152,702
72	PER DIEM CAPITAL-RELATED COSTS	29.57
73	PROGRAM CAPITAL-RELATED COSTS	38,589
74	INPATIENT ROUTINE SERVICE COST	272,536
75	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS	
76	TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION	272,536
77	INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION	
78	INPATIENT ROUTINE SERVICE COST LIMITATION	
79	REASONABLE INPATIENT ROUTINE SERVICE COSTS	311,125
80	PROGRAM INPATIENT ANCILLARY SERVICES	238,863
81	UTILIZATION REVIEW - PHYSICIAN COMPENSATION	
82	TOTAL PROGRAM INPATIENT OPERATING COSTS	549,988

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM
85	OBSERVATION BED COST

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86	OLD CAPITAL-RELATED COST				
87	NEW CAPITAL-RELATED COST				
88	NON PHYSICIAN ANESTHETIST				
89	MEDICAL EDUCATION				
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

## COMPUTATION OF INPATIENT OPERATING COST

I PROVIDER NO:	I PERIOD:	I PREPARED 10/21/2010
I 14-1319	I FROM 6/ 1/2009	I WORKSHEET D-1
I COMPONENT NO:	I TO 5/31/2010	I PART I
I 14-5464	I	I

TITLE XIX - I/P

SNF

PPS

## PART I - ALL PROVIDER COMPONENTS

1

## INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	5,164
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	5,164
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	5,164
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	1,259
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

## SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST

## PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL

TITLE XIX - I/P	SNF	PPS
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PART III - SKILLED NURSING FACILITY, NURSINGFACILITY & ICF/MR ONLY

66	SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST	1
67	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	
68	PROGRAM ROUTINE SERVICE COST	
69	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM	
70	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS	
71	CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS	152,702
72	PER DIEM CAPITAL-RELATED COSTS	29.57
73	PROGRAM CAPITAL-RELATED COSTS	37,229
74	INPATIENT ROUTINE SERVICE COST	-37,229
75	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS	
76	TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION	-37,229
77	INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION	
78	INPATIENT ROUTINE SERVICE COST LIMITATION	
79	REASONABLE INPATIENT ROUTINE SERVICE COSTS	
80	PROGRAM INPATIENT ANCILLARY SERVICES	
81	UTILIZATION REVIEW - PHYSICIAN COMPENSATION	
82	TOTAL PROGRAM INPATIENT OPERATING COSTS	

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM
85	OBSERVATION BED COST

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86	OLD CAPITAL-RELATED COST				
87	NEW CAPITAL-RELATED COST				
88	NON PHYSICIAN ANESTHETIST				
89	MEDICAL EDUCATION				
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

## INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 10/21/2010
I	14-1319	I	FROM 6/ 1/2009	I	WORKSHEET D-4
I	COMPONENT NO:	I	TO 5/31/2010	I	
I	14-1319	I		I	

## TITLE XVIII, PART A

## HOSPITAL

## OTHER

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		1,374,720	
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	.433845	1,956,471	848,805
39	DELIVERY ROOM & LABOR ROOM	.278897	1,931	539
40	ANESTHESIOLOGY			
41	RADIOLOGY-DIAGNOSTIC	.297986	252,944	75,374
44	LABORATORY	.357635	438,543	156,838
50	PHYSICAL THERAPY	.486385	120,400	58,561
51	OCCUPATIONAL THERAPY	.401500	59,563	23,915
52	SPEECH PATHOLOGY	1.650043	5,057	8,344
53	ELECTROCARDIOLOGY	.337156	85,036	28,670
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.093116	224,725	20,925
56	DRUGS CHARGED TO PATIENTS	.273139	1,440,223	393,381
59	DURABLE MEDICAL EQUIPMENT			
59 01	SLEEP LAB	.315013	2,334	735
59 02	IV THERAPY			
60	OUTPAT SERVICE COST CNTRS CLINIC	1.626839		
61	EMERGENCY	.664714	7,821	5,199
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	1.370406	383	525
101	TOTAL		4,595,431	1,621,811
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		4,595,431	

## INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 10/21/2010
I	14-1319	I	FROM 6/ 1/2009	I	WORKSHEET D-4
I	COMPONENT NO:	I	TO 5/31/2010	I	
I	14-2319	I		I	

## TITLE XVIII, PART A

## SWING BED SNF

## OTHER

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.433845		
39	DELIVERY ROOM & LABOR ROOM	.278897		
40	ANESTHESIOLOGY			
41	RADIOLOGY-DIAGNOSTIC	.297986	32,004	9,537
44	LABORATORY	.357635	23,577	8,432
50	PHYSICAL THERAPY	.486385	109,319	53,171
51	OCCUPATIONAL THERAPY	.401500	57,098	22,925
52	SPEECH PATHOLOGY	1.650043	2,513	4,147
53	ELECTROCARDIOLOGY	.337156	690	233
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.093116	3,997	372
56	DRUGS CHARGED TO PATIENTS	.273139	59,654	16,294
59	DURABLE MEDICAL EQUIPMENT			
59 01	SLEEP LAB	.315013	584	184
59 02	IV THERAPY			
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	1.626839		
61	EMERGENCY	.664714		
62	OBSERVATION BEDS (NON-DISTINCT PART)	1.370406		
	OTHER REIMBURS COST CNTRS			
101	TOTAL		289,436	115,295
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		289,436	

## INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 10/21/2010
I	14-1319	I	FROM 6/ 1/2009	I	WORKSHEET D-4
I	COMPONENT NO:	I	TO 5/31/2010	I	
I	14-5464	I		I	

## TITLE XVIII, PART A

## SKILLED NURSING FACILITY

## PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.433845		
39	DELIVERY ROOM & LABOR ROOM	.278897		
40	ANESTHESIOLOGY			
41	RADIOLOGY-DIAGNOSTIC	.297986	13,264	3,952
44	LABORATORY	.357635	27,088	9,688
50	PHYSICAL THERAPY	.486385	268,469	130,579
51	OCCUPATIONAL THERAPY	.401500	146,670	58,888
52	SPEECH PATHOLOGY	1.650043	5,357	8,839
53	ELECTROCARDIOLOGY	.337156	3,054	1,030
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.093116	1,782	166
56	DRUGS CHARGED TO PATIENTS	.273139	90,678	24,768
59	DURABLE MEDICAL EQUIPMENT			
59 01	SLEEP LAB	.315013	3,024	953
59 02	IV THERAPY			
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	1.626839		
61	EMERGENCY	.664714		
62	OBSERVATION BEDS (NON-DISTINCT PART)	1.370406		
	OTHER REIMBURS COST CNTRS			
101	TOTAL		559,386	238,863
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		559,386	

## CALCULATION OF REIMBURSEMENT SETTLEMENT

I PROVIDER NO:	I PERIOD:	I PREPARED 10/21/2010
I 14-1319	I FROM 6/ 1/2009	I WORKSHEET E
I COMPONENT NO:	I TO 5/31/2010	I PART B
I 14-1319	I	I

## PART B - MEDICAL AND OTHER HEALTH SERVICES

## HOSPITAL

1 MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	4,950,195
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	
1.03 ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	
1.04 LINE 1.01 TIMES LINE 1.03.	
1.05 LINE 1.02 DIVIDED BY LINE 1.04.	
1.06 TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07 ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.	
2 INTERNS AND RESIDENTS	
3 ORGAN ACQUISITIONS	
4 COST OF TEACHING PHYSICIANS	
5 TOTAL COST (SEE INSTRUCTIONS)	4,950,195

## COMPUTATION OF LESSER OF COST OR CHARGES

6 REASONABLE CHARGES	
7 ANCILLARY SERVICE CHARGES	
8 INTERNS AND RESIDENTS SERVICE CHARGES	
9 ORGAN ACQUISITION CHARGES	
10 CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
11 CUSTOMARY CHARGES	
12 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
13 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e).	
14 RATIO OF LINE 11 TO LINE 12	
15 TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	
16 EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	
17 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
18 LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	4,999,697
19.01 TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	

## COMPUTATION OF REIMBURSEMENT SETTLEMENT

20 CAH DEDUCTIBLES	46,859
21.01 CAH ACTUAL BILLED COINSURANCE	2,030,807
22 LINE 17.01 (SEE INSTRUCTIONS)	
23 SUBTOTAL (SEE INSTRUCTIONS)	2,922,031
24 SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
25 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
26 ESRD DIRECT MEDICAL EDUCATION COSTS	
27 SUBTOTAL	2,922,031
28 PRIMARY PAYER PAYMENTS	123
29 SUBTOTAL	2,921,908

## REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)

30 COMPOSITE RATE ESRD	
31 BAD DEBTS (SEE INSTRUCTIONS)	56,259
32.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	56,259
33.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
34 SUBTOTAL	2,978,167
35 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.	
36 OTHER ADJUSTMENTS (SPECIFY)	
37.99 OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)	
38 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.	
39 SUBTOTAL	2,978,167
40 SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
41 INTERIM PAYMENTS	2,700,478
42.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
43 BALANCE DUE PROVIDER/PROGRAM	277,689
44 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2	

## TO BE COMPLETED BY CONTRACTOR

50 ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)	
51 OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)	
52 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY	
53 TIME VALUE OF MONEY (SEE INSTRUCTIONS)	
54 TOTAL (SUM OF LINES 51 AND 53)	



## CALCULATION OF REIMBURSEMENT SETTLEMENT

I PROVIDER NO:	I PERIOD:	I PREPARED 10/21/2010
I 14-1319	I FROM 6/ 1/2009	I WORKSHEET E
I COMPONENT NO:	I TO 5/31/2010	I PART B
I 14-5464	I	I

## PART B - MEDICAL AND OTHER HEALTH SERVICES

SNF

- 1 MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)
- 1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).
- 1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.
- 1.03 ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.
- 1.04 LINE 1.01 TIMES LINE 1.03.
- 1.05 LINE 1.02 DIVIDED BY LINE 1.04.
- 1.06 TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)
- 1.07 ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.
- 2 INTERNS AND RESIDENTS
- 3 ORGAN ACQUISITIONS
- 4 COST OF TEACHING PHYSICIANS
- 5 TOTAL COST (SEE INSTRUCTIONS)

## COMPUTATION OF LESSER OF COST OR CHARGES

- REASONABLE CHARGES
- 6 ANCILLARY SERVICE CHARGES
- 7 INTERNS AND RESIDENTS SERVICE CHARGES
- 8 ORGAN ACQUISITION CHARGES
- 9 CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.
- 10 TOTAL REASONABLE CHARGES
- CUSTOMARY CHARGES
- 11 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS
- 12 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e).
- 13 RATIO OF LINE 11 TO LINE 12
- 14 TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)
- 15 EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST
- 16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES
- 17 LESSER OF COST OR CHARGES (FOR CAH SEE INSTRU)
- 17.01 TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)

## COMPUTATION OF REIMBURSEMENT SETTLEMENT

- 18 DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)
- 18.01 DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)
- 19 SUBTOTAL (SEE INSTRUCTIONS)
- 20 SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)
- 21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS
- 22 ESRD DIRECT MEDICAL EDUCATION COSTS
- 23 SUBTOTAL
- 24 PRIMARY PAYER PAYMENTS
- 25 SUBTOTAL
- REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)
- 26 COMPOSITE RATE ESRD
- 27 BAD DEBTS (SEE INSTRUCTIONS)
- 27.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)
- 27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES
- 28 SUBTOTAL
- 29 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.
- 30 OTHER ADJUSTMENTS (SPECIFY)
- 30.99 OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)
- 31 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.
- 32 SUBTOTAL
- 33 SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)
- 34 INTERIM PAYMENTS
- 34.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)
- 35 BALANCE DUE PROVIDER/PROGRAM
- 36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2

## TO BE COMPLETED BY CONTRACTOR

- 50 ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)
- 51 OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)
- 52 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY
- 53 TIME VALUE OF MONEY (SEE INSTRUCTIONS)
- 54 TOTAL (SUM OF LINES 51 AND 53)

## ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

I PROVIDER NO: I PERIOD: I PREPARED 10/21/2010  
 I 14-1319 I FROM 6/ 1/2009 I WORKSHEET E-1  
 I COMPONENT NO: I TO 5/31/2010 I  
 I 14-1319 I I

## TITLE XVIII HOSPITAL

## DESCRIPTION

INPATIENT-PART A		P A R T B	
MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER	2,885,066		2,756,157
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.	NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)			
ADJUSTMENTS TO PROVIDER .01			
ADJUSTMENTS TO PROVIDER .02			
ADJUSTMENTS TO PROVIDER .03			
ADJUSTMENTS TO PROVIDER .04			
ADJUSTMENTS TO PROVIDER .05			
ADJUSTMENTS TO PROGRAM .50	12/23/2009 81,206	12/23/2009	55,679
ADJUSTMENTS TO PROGRAM .51			
ADJUSTMENTS TO PROGRAM .52			
ADJUSTMENTS TO PROGRAM .53			
ADJUSTMENTS TO PROGRAM .54			
SUBTOTAL .99	-81,206		-55,679
4 TOTAL INTERIM PAYMENTS	2,803,860		2,700,478
TO BE COMPLETED BY INTERMEDIARY			
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)			
TENTATIVE TO PROVIDER .01			
TENTATIVE TO PROVIDER .02			
TENTATIVE TO PROVIDER .03			
TENTATIVE TO PROGRAM .50			
TENTATIVE TO PROGRAM .51			
TENTATIVE TO PROGRAM .52			
SUBTOTAL .99	NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)	122,283		277,689
7 TOTAL MEDICARE PROGRAM LIABILITY	2,926,143		2,978,167

NAME OF INTERMEDIARY:  
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: \_\_\_\_\_

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

(1) ON LINES 3, 5 AND 6, WHERE AN AMOUNT IS DUE PROVIDER TO PROGRAM, SHOW THE AMOUNT AND DATE ON WHICH THE PROVIDER AGREES TO THE AMOUNT OF REPAYMENT, EVEN THOUGH TOTAL REPAYMENT IS NOT ACCOMPLISHED UNTIL A LATER DATE.

## ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

I PROVIDER NO:	I PERIOD:	I PREPARED 10/21/2010
I 14-1319	I FROM 6/ 1/2009	I WORKSHEET E-1
I COMPONENT NO:	I TO 5/31/2010	I
I 14-5464	I	I

## TITLE XVIII

SNF

## DESCRIPTION

INPATIENT-PART A		P A R T B	
MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
1	2	3	4

1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		398,519	
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE	NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)			
ADJUSTMENTS TO PROVIDER	.01		
ADJUSTMENTS TO PROVIDER	.02		
ADJUSTMENTS TO PROVIDER	.03		
ADJUSTMENTS TO PROVIDER	.04		
ADJUSTMENTS TO PROVIDER	.05		
ADJUSTMENTS TO PROGRAM	.50		
ADJUSTMENTS TO PROGRAM	.51		
ADJUSTMENTS TO PROGRAM	.52		
ADJUSTMENTS TO PROGRAM	.53		
ADJUSTMENTS TO PROGRAM	.54		
SUBTOTAL	.99	NONE	NONE
4 TOTAL INTERIM PAYMENTS		398,519	
TO BE COMPLETED BY INTERMEDIARY			
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)			
TENTATIVE TO PROVIDER	.01		
TENTATIVE TO PROVIDER	.02		
TENTATIVE TO PROVIDER	.03		
TENTATIVE TO PROGRAM	.50		
TENTATIVE TO PROGRAM	.51		
TENTATIVE TO PROGRAM	.52		
SUBTOTAL	.99	NONE	NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)			
SETTLEMENT TO PROVIDER	.01		
SETTLEMENT TO PROGRAM	.02		
7 TOTAL MEDICARE PROGRAM LIABILITY		398,519	

NAME OF INTERMEDIARY:  
INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: \_\_\_\_\_

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

(1) ON LINES 3, 5 AND 6, WHERE AN AMOUNT IS DUE PROVIDER TO PROGRAM, SHOW THE AMOUNT AND DATE ON WHICH THE PROVIDER AGREES TO THE AMOUNT OF REPAYMENT, EVEN THOUGH TOTAL REPAYMENT IS NOT ACCOMPLISHED UNTIL A LATER DATE.

## ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

I PROVIDER NO:	I PERIOD:	I PREPARED 10/21/2010
I 14-1319	I FROM 6/ 1/2009	I WORKSHEET E-1
I COMPONENT NO:	I TO 5/31/2010	I
I 14-2319	I	I

## TITLE XVIII

## SWING BED SNF

DESCRIPTION		INPATIENT-PART A		P A R T B	
MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT		
1	2	3	4		
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER	559,854				
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.	NONE			NONE	
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)					
ADJUSTMENTS TO PROVIDER .01					
ADJUSTMENTS TO PROVIDER .02					
ADJUSTMENTS TO PROVIDER .03					
ADJUSTMENTS TO PROVIDER .04					
ADJUSTMENTS TO PROVIDER .05					
ADJUSTMENTS TO PROGRAM .50	12/23/2009 7,784				
ADJUSTMENTS TO PROGRAM .51					
ADJUSTMENTS TO PROGRAM .52					
ADJUSTMENTS TO PROGRAM .53					
ADJUSTMENTS TO PROGRAM .54					
ADJUSTMENTS TO PROGRAM .99					
SUBTOTAL	-7,784			NONE	
4 TOTAL INTERIM PAYMENTS	552,070				
TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)					
TENTATIVE TO PROVIDER .01					
TENTATIVE TO PROVIDER .02					
TENTATIVE TO PROVIDER .03					
TENTATIVE TO PROGRAM .50					
TENTATIVE TO PROGRAM .51					
TENTATIVE TO PROGRAM .52					
TENTATIVE TO PROGRAM .99					
SUBTOTAL	NONE			NONE	
6 DETERMINED NET SETTLEMENT	68,820				
AMOUNT (BALANCE DUE)					
SETTLEMENT TO PROVIDER .01					
SETTLEMENT TO PROGRAM .02					
BASED ON COST REPORT (1)					
7 TOTAL MEDICARE PROGRAM LIABILITY	620,890				

NAME OF INTERMEDIARY:  
INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: \_\_\_\_\_

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

(1) ON LINES 3, 5 AND 6, WHERE AN AMOUNT IS DUE PROVIDER TO PROGRAM, SHOW THE AMOUNT AND DATE ON WHICH THE PROVIDER AGREES TO THE AMOUNT OF REPAYMENT, EVEN THOUGH TOTAL REPAYMENT IS NOT ACCOMPLISHED UNTIL A LATER DATE.

CALCULATION OF REIMBURSEMENT SETTLEMENT  
SWING BEDS

I PROVIDER NO:	I PERIOD:	I PREPARED 10/21/2010
I 14-1319	I FROM 6/ 1/2009	I
I COMPONENT NO:	I TO 5/31/2010	I WORKSHEET E-2
I 14-Z319	I	I

## TITLE XVIII

## SWING BED SNF

## COMPUTATION OF NET COST OF COVERED SERVICES

	PART A 1	PART B 2
1 INPATIENT ROUTINE SERVICES - SWING BED-SNF (SEE INSTR)	510,081	
2 INPATIENT ROUTINE SERVICES - SWING BED-NF (SEE INSTR)		
3 ANCILLARY SERVICES (SEE INSTRUCTIONS)	116,448	
4 PER DIEM COST FOR INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM (SEE INSTRUCTIONS)		
5 PROGRAM DAYS	529	
6 INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM (SEE INSTRUCTIONS)		
7 UTILIZATION REVIEW - PHYSICIAN COMPENSATION - SNF OPTIONAL METHOD ONLY		
8 SUBTOTAL	626,529	
9 PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)		
10 SUBTOTAL	626,529	
11 DEDUCTIBLES BILLED TO PROGRAM PATIENTS (EXCLUDE AMOUNTS APPLICABLE TO PHYSICIAN PROFESSIONAL SERVICES)		
12 SUBTOTAL	626,529	
13 COINSURANCE BILLED TO PROGRAM PATIENTS (FROM PROVIDER RECORDS) (EXCLUDE COINSURANCE FOR PHYSICIAN PROFESSIONAL SERVICES)	5,639	
14 80% OF PART B COSTS		
15 SUBTOTAL	620,890	
16 OTHER ADJUSTMENTS (SPECIFY)		
17 REIMBURSABLE BAD DEBTS		
17.01 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		
18 TOTAL	620,890	
19 SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		
20 INTERIM PAYMENTS	552,070	
20.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
21 BALANCE DUE PROVIDER/PROGRAM	68,820	
22 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.		

## CALCULATION OF REIMBURSEMENT SETTLEMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 10/21/2010
I	14-1319	I	FROM 6/ 1/2009	I	WORKSHEET E-3
I	COMPONENT NO:	I	TO 5/31/2010	I	PART II
I	14-1319	I		I	

PART II - MEDICARE PART A SERVICES - COST REIMBURSEMENT  
HOSPITAL

1	INPATIENT SERVICES	3,296,337
1.01	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT	
2	ORGAN ACQUISITION	
3	COST OF TEACHING PHYSICIANS	
4	SUBTOTAL	3,296,337
5	PRIMARY PAYER PAYMENTS	562
6	TOTAL COST. FOR CAH (SEE INSTRUCTIONS)	3,328,733

## COMPUTATION OF LESSER OF COST OR CHARGES

7	REASONABLE CHARGES	
7	ROUTINE SERVICE CHARGES	
8	ANCILLARY SERVICE CHARGES	
9	ORGAN ACQUISITION CHARGES, NET OF REVENUE	
10	TEACHING PHYSICIANS	
11	TOTAL REASONABLE CHARGES	
12	CUSTOMARY CHARGES	
12	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE	
13	FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
13	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE	
13	FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT	
13	BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)	
14	RATIO OF LINE 12 TO LINE 13 (NOT TO EXCEED 1.000000)	
15	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	
16	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	
17	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	

## COMPUTATION OF REIMBURSEMENT SETTLEMENT

18	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
19	COST OF COVERED SERVICES	3,328,733
20	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)	403,614
21	EXCESS REASONABLE COST	
22	SUBTOTAL	2,925,119
23	COINSURANCE	1,068
24	SUBTOTAL	2,924,051
25	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL	2,092
25	SERVICES (SEE INSTRUCTIONS)	
25.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	2,092
25.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
26	SUBTOTAL	2,926,143
27	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER	
27	TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	
28	OTHER ADJUSTMENTS (SPECIFY)	
29	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS	
29	RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
30	SUBTOTAL	2,926,143
31	SEQUESTRATION ADJUSTMENT	
32	INTERIM PAYMENTS	2,803,860
32.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
33	BALANCE DUE PROVIDER/PROGRAM	122,283
34	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)	
34	IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.	

## CALCULATION OF REIMBURSEMENT SETTLEMENT

I PROVIDER NO:	I PERIOD:	I PREPARED 10/21/2010
I 14-1319	I FROM 6/ 1/2009	I WORKSHEET E-3
I COMPONENT NO:	I TO 5/31/2010	I PART III
I 14-5464	I	I

## PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY

	TITLE XVIII	SNF	PPS TITLE V OR TITLE XIX 1	TITLE XVIII SNF PPS 2
1	COMPUTATION OF NET COST OF COVERED SERVICE			
2	INPATIENT HOSPITAL/SNF/NF SERVICES			
3	MEDICAL AND OTHER SERVICES			
4	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			
5	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)			
6	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			
7	SUBTOTAL			
8	INPATIENT PRIMARY PAYER PAYMENTS			
9	OUTPATIENT PRIMARY PAYER PAYMENTS			
10	SUBTOTAL			
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
11	ROUTINE SERVICE CHARGES			
12	ANCILLARY SERVICE CHARGES			
13	INTERNS AND RESIDENTS SERVICE CHARGES			
14	ORGAN ACQUISITION CHARGES, NET OF REVENUE			
15	TEACHING PHYSICIANS			
16	INCENTIVE FROM TARGET AMOUNT COMPUTATION			
17	TOTAL REASONABLE CHARGES			
	CUSTOMARY CHARGES			
18	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR			
19	PAYMENT FOR SERVICES ON A CHARGE BASIS			
20	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE			
21	FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT			
22	BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)			
23	RATIO OF LINE 17 TO LINE 18			
24	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)			
25	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
26	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
27	COST OF COVERED SERVICES			
28	PROSPECTIVE PAYMENT AMOUNT			
29	OTHER THAN OUTLIER PAYMENTS			
30	OUTLIER PAYMENTS			
31	PROGRAM CAPITAL PAYMENTS			
32	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			
33	ROUTINE SERVICE OTHER PASS THROUGH COSTS			
34	ANCILLARY SERVICE OTHER PASS THROUGH COSTS			
35	SUBTOTAL			
36	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)			
37	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE			
38	XVIII ENTER AMOUNT FROM LINE 30			
39	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
40	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
41	EXCESS OF REASONABLE COST			
42	SUBTOTAL			
43	COINSURANCE			
44	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19			
45	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)			
46	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING			
47	BEFORE 10/01/05 (SEE INSTRUCTIONS)			
48	ADJUSTED REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			
49	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING			
50	ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)			
51	UTILIZATION REVIEW			
52	SUBTOTAL (SEE INSTRUCTIONS)			
53	INPATIENT ROUTINE SERVICE COST			
54	MEDICARE INPATIENT ROUTINE CHARGES			
55	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR			
56	PAYMENT FOR SERVICES ON A CHARGE BASIS			
57	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE			
58	FOR PAYMENT OF PART A SERVICES			
59	RATIO OF LINE 43 TO 44			
60	TOTAL CUSTOMARY CHARGES			
61	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
62	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
63	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER			
64	TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			
65	OTHER ADJUSTMENTS (SPECIFY)			
66	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS			
67	RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			
68	SUBTOTAL			
69	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
70	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
71	TOTAL AMOUNT PAYABLE TO THE PROVIDER			
72	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
73	INTERIM PAYMENTS			
74	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
75	BALANCE DUE PROVIDER/PROGRAM			
76	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)			

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY

IN LIEU OF FORM CMS-2552-96-E-3 (5/2008)  
I PROVIDER NO: I PERIOD: I PREPARED 10/21/2010  
I 14-1319 I FROM 6/ 1/2009 I WORKSHEET E-3  
I COMPONENT NO: I TO 5/31/2010 I PART III  
I 14-5464 I I

TITLE XVIII

SNF

PPS  
TITLE V OR  
TITLE XIX  
1

TITLE XVIII  
SNF PPS  
2

IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.



ASSETS		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	1,970,804			
2	TEMPORARY INVESTMENTS	925,469			
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	6,763,571			
5	OTHER RECEIVABLES	1,059,924			
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-3,535,000			
7	INVENTORY	756,412			
8	PREPAID EXPENSES	296,415			
9	OTHER CURRENT ASSETS				
10	DUE FROM OTHER FUNDS				
11	TOTAL CURRENT ASSETS	8,237,595			
FIXED ASSETS					
12	LAND	1,108,543			
12.01	LAND IMPROVEMENTS	713,866			
13	LESS ACCUMULATED DEPRECIATION	-506,388			
14	BUILDINGS	24,540,837			
14.01	LESS ACCUMULATED DEPRECIATION	-11,081,104			
15	LEASEHOLD IMPROVEMENTS				
15.01	LESS ACCUMULATED DEPRECIATION				
16	FIXED EQUIPMENT				
16.01	LESS ACCUMULATED DEPRECIATION				
17	AUTOMOBILES AND TRUCKS				
17.01	LESS ACCUMULATED DEPRECIATION				
18	MAJOR MOVABLE EQUIPMENT	9,446,363			
18.01	LESS ACCUMULATED DEPRECIATION	-7,283,113			
19	MINOR EQUIPMENT DEPRECIABLE				
19.01	LESS ACCUMULATED DEPRECIATION				
20	MINOR EQUIPMENT-NONDEPRECIABLE				
21	TOTAL FIXED ASSETS	16,939,004			
OTHER ASSETS					
22	INVESTMENTS	30,715,992			
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS	2,785,657			
26	TOTAL OTHER ASSETS	33,501,649			
27	TOTAL ASSETS	58,678,248			

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	464,839			
29 SALARIES, WAGES & FEES PAYABLE	1,094,221			
30 PAYROLL TAXES PAYABLE	197,867			
31 NOTES AND LOANS PAYABLE (SHORT TERM)	750,000			
32 DEFERRED INCOME	145,647			
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES	175,469			
36 TOTAL CURRENT LIABILITIES	2,828,043			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE	27,315,000			
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES				
42 TOTAL LONG-TERM LIABILITIES	27,315,000			
43 TOTAL LIABILITIES	30,143,043			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	28,535,205			
45 SPECIFIC PURPOSE FUND				
46 DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED				
47 DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICT				
48 GOVERNING BODY CREATED- ENDOWMENT FUND BALANCE				
49 PLANT FUND BALANCE-INVESTED IN PLANT				
50 PLANT FUND BALANCE- RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				
51 TOTAL FUND BALANCES	28,535,205			
52 TOTAL LIABILITIES AND FUND BALANCES	58,678,248			

## STATEMENT OF CHANGES IN FUND BALANCES

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 10/21/2010
I	14-1319	I	FROM 6/ 1/2009	I	WORKSHEET G-1
I		I	TO 5/31/2010	I	

	GENERAL FUND		SPECIFIC PURPOSE FUND
	1	2	3 4
1 FUND BALANCE AT BEGINNING		25,968,421	
2 OF PERIOD			
3 NET INCOME (LOSS)		1,275,505	
4 TOTAL		27,243,926	
5 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)			
6 ADDITIONS (CREDIT ADJUSTM			
7 RESTRICTED CONTRIBUTIONS	48,541		
8 UNREALIZED GAINS AND LOSS	42,264		
9 FOUNDATION ACTIVITY	1,200,474		
10 TOTAL ADDITIONS		1,291,279	
11 SUBTOTAL		28,535,205	
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)			
13 DEDUCTIONS (DEBIT ADJUSTM			
14			
15			
16			
17			
18 TOTAL DEDUCTIONS			
19 FUND BALANCE AT END OF		28,535,205	
PERIOD PER BALANCE SHEET			

	ENDOWMENT FUND		PLANT FUND
	5	6	7 8
1 FUND BALANCE AT BEGINNING			
2 OF PERIOD			
3 NET INCOME (LOSS)			
4 TOTAL			
5 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)			
6 ADDITIONS (CREDIT ADJUSTM			
7 RESTRICTED CONTRIBUTIONS			
8 UNREALIZED GAINS AND LOSS			
9 FOUNDATION ACTIVITY			
10 TOTAL ADDITIONS			
11 SUBTOTAL			
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)			
13 DEDUCTIONS (DEBIT ADJUSTM			
14			
15			
16			
17			
18 TOTAL DEDUCTIONS			
19 FUND BALANCE AT END OF			
PERIOD PER BALANCE SHEET			

## STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

I PROVIDER NO:	I PERIOD:	I PREPARED 10/21/2010
I 14-1319	I FROM 6/ 1/2009	I WORKSHEET G-2
I	I TO 5/31/2010	I PARTS I & II

## PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	2,349,852		2,349,852
4 00 SWING BED - SNF	217,930		217,930
5 00 SWING BED - NF			
6 00 SKILLED NURSING FACILITY	406,847		406,847
8 00 OTHER LONG TERM CARE	1,650,931		1,650,931
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	4,625,560		4,625,560
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP			
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	4,625,560		4,625,560
17 00 ANCILLARY SERVICES	12,590,415	32,449,461	45,039,876
18 00 OUTPATIENT SERVICES		401,958	401,958
19 00 HOME HEALTH AGENCY		689,526	689,526
24 00			
25 00 TOTAL PATIENT REVENUES	17,215,975	33,540,945	50,756,920

## PART II-OPERATING EXPENSES

26 00 OPERATING EXPENSES		27,171,562
ADD (SPECIFY)		
27 00 BAD DEBT EXPENSE	844,131	
28 00		
29 00		
30 00		
31 00		
32 00		
33 00 TOTAL ADDITIONS		844,131
DEDUCT (SPECIFY)		
34 00 DEDUCT (SPECIFY)		
35 00		
36 00		
37 00		
38 00		
39 00 TOTAL DEDUCTIONS		
40 00 TOTAL OPERATING EXPENSES		28,015,693

## STATEMENT OF REVENUES AND EXPENSES

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 10/21/2010
I	14-1319	I	FROM 6/ 1/2009	I	WORKSHEET G-3
I		I	TO 5/31/2010	I	

## DESCRIPTION

1	TOTAL PATIENT REVENUES	50,756,920
2	LESS: ALLOWANCES AND DISCOUNTS ON	23,477,740
3	NET PATIENT REVENUES	27,279,180
4	LESS: TOTAL OPERATING EXPENSES	28,015,693
5	NET INCOME FROM SERVICE TO PATIENT	-736,513
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUES	124,308
7	INCOME FROM INVESTMENTS	462,709
8	REVENUE FROM TELEPHONE AND TELEG	
9	REVENUE FROM TELEVISION AND RADI	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN S	
14	REVENUE FROM MEALS SOLD TO EMPLO	156,163
15	REVENUE FROM RENTAL OF LIVING QU	
16	REVENUE FROM SALE OF MEDICAL & S	
	TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OT	
18	REVENUE FROM SALE OF MEDICAL REC	
19	TUITION (FEES, SALE OF TEXTBOOKS	
20	REVENUE FROM GIFTS, FLOWER, COFFE	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	365,118
23	GOVERNMENTAL APPROPRIATIONS	
24	OTHER (SPECIFY)	
24.01	OTHER REVENUE	8,353
24.02		
24.03	ATHLETIC TRAINING	18,083
24.04	SUMMIT	69,239
24.05	OUTREACH SERVICES	12,766
24.06	PROPERTY TAX REVENUE	677,053
24.07	LEASED SPACE AND EMPLOYEES	117,076
24.08	GAIN ON DISPOSAL OF CAPITAL ASSETS	1,150
24.09		
25	TOTAL OTHER INCOME	2,012,018
26	TOTAL	1,275,505
	OTHER EXPENSES	
27	OTHER EXPENSES (SPECIFY)	
28		
29		
30	TOTAL OTHER EXPENSES	
31	NET INCOME (OR LOSS) FOR THE PERIO	1,275,505

HHA 1

	SALARIES	EMPLOYEE BENEFITS	TRANSPORTATION	CONTRACTED/ PURCHASED SVCS	OTHER COSTS	TOTAL
	1	2	3	4	5	6
GENERAL SERVICE COST CENTERS						
1 CAP-REL COST-BLDG & FIX						
2 CAP-REL COST-MOV EQUIP						
3 PLANT OPER & MAINT						
4 TRANSPORTATION						
5 ADMIN & GENERAL	83,905				50,185	134,090
HHA REIMBURSABLE SERVICES						
6 SKILLED NURSING CARE	301,057		27,579			328,636
7 PHYSICAL THERAPY			12,244			12,244
8 OCCUPATIONAL THERAPY			3,315			3,315
9 SPEECH PATHOLOGY			1,320			1,320
10 MEDICAL SOCIAL SERVICES			450			450
11 HOME HEALTH AIDE	29,076		8,449			37,525
12 SUPPLIES						
13 DRUGS						
13.20 COST ADMINISTERING DRUGS						
14 DME						
HHA NONREIMBURSABLE SERVICES						
15 HOME DIALYSIS AIDE SVCS						
16 RESPIRATORY THERAPY						
17 PRIVATE DUTY NURSING						
18 CLINIC						
19 HEALTH PROM ACTIVITIES						
20 DAY CARE PROGRAM						
21 HOME DEL MEALS PROGRAM						
22 HOMEMAKER SERVICE						
23 ALL OTHER						
23.50 TELEMEDICINE						
24 TOTAL (SUM OF LINES 1-23)	414,038		53,357		50,185	517,580

	RECLASSIFI- CATIONS	RECLASSIFIED TRIAL BALANCE	ADJUSTMENTS	NET EXPENSES FOR ALLOCATION
	7	8	9	10
GENERAL SERVICE COST CENTERS				
1 CAP-REL COST-BLDG & FIX				
2 CAP-REL COST-MOV EQUIP				
3 PLANT OPER & MAINT				
4 TRANSPORTATION				
5 ADMIN & GENERAL		134,090	-6,868	127,222
HHA REIMBURSABLE SERVICES				
6 SKILLED NURSING CARE		328,636		328,636
7 PHYSICAL THERAPY		12,244		12,244
8 OCCUPATIONAL THERAPY		3,315		3,315
9 SPEECH PATHOLOGY		1,320		1,320
10 MEDICAL SOCIAL SERVICES		450		450
11 HOME HEALTH AIDE		37,525		37,525
12 SUPPLIES				
13 DRUGS				
13.20 COST ADMINISTERING DRUGS				
14 DME				
HHA NONREIMBURSABLE SERVICES				
15 HOME DIALYSIS AIDE SVCS				
16 RESPIRATORY THERAPY				
17 PRIVATE DUTY NURSING				
18 CLINIC				
19 HEALTH PROM ACTIVITIES				
20 DAY CARE PROGRAM				
21 HOME DEL MEALS PROGRAM				
22 HOMEMAKER SERVICE				
23 ALL OTHER				
23.50 TELEMEDICINE				
24 TOTAL (SUM OF LINES 1-23)		517,580	-6,868	510,712

HHA 1

	NET EXPENSES FOR COST ALLOCATION	CAP-REL COST-BLDG & FIX	CAP-REL COST-MOV EQUIP	PLANT OPER & MAINT	TRANSPORTATIO N	SUBTOTAL	ADMINISTRATIV E & GENERAL
	0	1	2	3	4	4A	5
GENERAL SERVICE COST CENTERS							
1 CAP-REL COST-BLDG & FIX							
2 CAP-REL COST-MOV EQUIP							
3 PLANT OPER & MAINT							
4 TRANSPORTATION							
5 ADMINISTRATIVE & GENERAL	127,222					127,222	127,222
HHA REIMBURSABLE SERVICES							
6 SKILLED NURSING CARE	328,636					328,636	109,024
7 PHYSICAL THERAPY	12,244					12,244	4,062
8 OCCUPATIONAL THERAPY	3,315					3,315	1,100
9 SPEECH PATHOLOGY	1,320					1,320	438
10 MEDICAL SOCIAL SERVICES	450					450	149
11 HOME HEALTH AIDE	37,525					37,525	12,449
12 SUPPLIES							
13 DRUGS							
13.20 COST ADMINISTERING DRUGS							
14 DME							
HHA NONREIMBURSABLE SERVICES							
15 HOME DIALYSIS AIDE SVCS							
16 RESPIRATORY THERAPY							
17 PRIVATE DUTY NURSING							
18 CLINIC							
19 HEALTH PROM ACTIVITIES							
20 DAY CARE PROGRAM							
21 HOME DEL MEALS PROGRAM							
22 HOMEMAKER SERVICE							
23 ALL OTHERS							
23.50 TELEMEDICINE							
24 TOTAL (SUM OF LINES 1-23)	510,712					510,712	

TOTAL

6

GENERAL SERVICE COST CENTERS	
1 CAP-REL COST-BLDG & FIX	
2 CAP-REL COST-MOV EQUIP	
3 PLANT OPER & MAINT	
4 TRANSPORTATION	
5 ADMINISTRATIVE & GENERAL	
HHA REIMBURSABLE SERVICES	
6 SKILLED NURSING CARE	437,660
7 PHYSICAL THERAPY	16,306
8 OCCUPATIONAL THERAPY	4,415
9 SPEECH PATHOLOGY	1,758
10 MEDICAL SOCIAL SERVICES	599
11 HOME HEALTH AIDE	49,974
12 SUPPLIES	
13 DRUGS	
13.20 COST ADMINISTERING DRUGS	
14 DME	
HHA NONREIMBURSABLE SERVICES	
15 HOME DIALYSIS AIDE SVCS	
16 RESPIRATORY THERAPY	
17 PRIVATE DUTY NURSING	
18 CLINIC	
19 HEALTH PROM ACTIVITIES	
20 DAY CARE PROGRAM	
21 HOME DEL MEALS PROGRAM	
22 HOMEMAKER SERVICE	
23 ALL OTHERS	
23.50 TELEMEDICINE	
24 TOTAL (SUM OF LINES 1-23)	510,712

Health Financial Systems  
COST ALLOCATION -  
HHA STATISTICAL BASIS

MCRIF32

FOR HAMMOND-HENRY HOSPITAL

IN LIEU OF FORM CMS-2552-96 (05/2007)

I PROVIDER NO:	I PERIOD:	I PREPARED 10/21/2010
I 14-1319	I FROM 6/ 1/2009	I WORKSHEET H-4
I HHA NO:	I TO 5/31/2010	I PART II
I 14-7450	I	I

HHA 1

	CAP-REL COST-BLDG & FIX ( FEET ) 1	CAP-REL COST-MOV EQUIP ( DOLLAR ) 2	PLANT OPER & MAINT ( SQUARE ) 3	TRANSPORTATIO N ( MILEAGE ) 4	RECONCILIATIO N 5A	ADMINISTRATIV E & GENERAL ( ACCUM. COST ) 5
GENERAL SERVICE COST CENTERS						
1 CAP-REL COST-BLDG & FIX						
2 CAP-REL COST-MOV EQUIP						
3 PLANT OPER & MAINT						
4 TRANSPORTATION						
5 ADMINISTRATIVE & GENERAL					-127,222	383,490
HHA REIMBURSABLE SERVICES						
6 SKILLED NURSING CARE						328,636
7 PHYSICAL THERAPY						12,244
8 OCCUPATIONAL THERAPY						3,315
9 SPEECH PATHOLOGY						1,320
10 MEDICAL SOCIAL SERVICES						450
11 HOME HEALTH AIDE						37,525
12 SUPPLIES						
13 DRUGS						
13.20 COST ADMINISTERING DRUGS						
14 DME						
HHA NONREIMBURSABLE SERVICES						
15 HOME DIALYSIS AIDE SVCS						
16 RESPIRATORY THERAPY						
17 PRIVATE DUTY NURSING						
18 CLINIC						
19 HEALTH PROM ACTIVITIES						
20 DAY CARE PROGRAM						
21 HOME DEL MEALS PROGRAM						
22 HOMEMAKER SERVICE						
23 ALL OTHERS						
23.50 TELEMEDICINE						
24 TOTAL (SUM OF LINES 1-23)					-127,222	383,490
25 COST TO BE ALLOCATED						127,222
26 UNIT COST MULTIPLIER						.331748



Health Financial Systems MCRIF32  
ALLOCATION OF GENERAL SERVICE  
COSTS TO HHA COST CENTERS

FOR HAMMOND-HENRY HOSPITAL

IN LIEU OF FORM CMS-2552-96 (05/2007)

I PROVIDER NO: I PERIOD: I PREPARED 10/21/2010  
I 14-1319 I FROM 6/ 1/2009 I WORKSHEET H-5  
I HHA NO: I TO 5/31/2010 I PART I  
I 14-7450 I I

HHA 1

HHA COST CENTER	HHA TRIAL BALANCE (1) 0	NEW CAP REL COSTS-BLDG & 3	NEW CAP REL COSTS-MVBLE 4	EMPLOYEE BEN EFITS 5	DATA PROCESS ING 6.02	PURCHASING, RECEIVING AN 6.03
1 ADMIN & GENERAL		10,850	13,614	22,066	4,429	1,755
2 SKILLED NURSING CARE	437,660			79,173		
3 PHYSICAL THERAPY	16,306					
4 OCCUPATIONAL THERAPY	4,415					
5 SPEECH PATHOLOGY	1,758					
6 MEDICAL SOCIAL SERVICES	599					
7 HOME HEALTH AIDE	49,974			7,647		
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	510,712	10,850	13,614	108,886	4,429	1,755
21 UNIT COST MULTIPLIER						

(1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.

(2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

HHA COST CENTER	ADMITTING 6.04	CASHIERING/A CCOUNTS RECE 6.05	SUBTOTAL 6A.05	ADMINISTRATI VE & GENERAL 6.06	OPERATION OF PLANT 8	LAUNDRY & LI NEN SERVICE 9
1 ADMIN & GENERAL		5,748	58,462	5,596	17,115	
2 SKILLED NURSING CARE			516,833	49,468		
3 PHYSICAL THERAPY			16,306	1,561		
4 OCCUPATIONAL THERAPY			4,415	423		
5 SPEECH PATHOLOGY			1,758	168		
6 MEDICAL SOCIAL SERVICES			599	57		
7 HOME HEALTH AIDE			57,621	5,515		
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)		5,748	655,994	62,788	17,115	
21 UNIT COST MULTIPLIER						

(1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.

(2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

Health Financial Systems MCRIF32  
 ALLOCATION OF GENERAL SERVICE  
 COSTS TO HHA COST CENTERS

FOR HAMMOND-HENRY HOSPITAL

IN LIEU OF FORM CMS-2552-96 (05/2007)  
 I PROVIDER NO: I PERIOD: I PREPARED 10/21/2010  
 I 14-1319 I FROM 6/ 1/2009 I WORKSHEET H-5  
 I HHA NO: I TO 5/31/2010 I PART I  
 I 14-7450 I I

HHA 1

HHA COST CENTER	HOUSEKEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINISTRATION 14	CENTRAL SERVICES & SUPPLIES 15	PHARMACY 16
1 ADMIN & GENERAL	3,237					
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	3,237					
21 UNIT COST MULTIPLIER						

(1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.

(2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

HHA COST CENTER	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	SUBTOTAL 25	POST STEP DOWN ADJUST 26	SUBTOTAL 27	ALLOCATED HHA A & G 28
1 ADMIN & GENERAL	8,874	43,078	136,362		136,362	
2 SKILLED NURSING CARE			566,301		566,301	117,945
3 PHYSICAL THERAPY			17,867		17,867	3,721
4 OCCUPATIONAL THERAPY			4,838		4,838	1,008
5 SPEECH PATHOLOGY			1,926		1,926	401
6 MEDICAL SOCIAL SERVICES			656		656	137
7 HOME HEALTH AIDE			63,136		63,136	13,150
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	8,874	43,078	791,086		791,086	136,362
21 UNIT COST MULTIPLIER						0.208274

(1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.

(2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

Health Financial Systems MCRIF32  
 ALLOCATION OF GENERAL SERVICE  
 COSTS TO HHA COST CENTERS

FOR HAMMOND-HENRY HOSPITAL

IN LIEU OF FORM CMS-2552-96 (05/2007)

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 10/21/2010
I	14-1319	I	FROM 6/ 1/2009	I	WORKSHEET H-5
I	HHA NO:	I	TO 5/31/2010	I	PART I
I	14-7450	I		I	

HHA 1

TOTAL HHA  
 COSTS  
 29

HHA COST CENTER

1	ADMIN & GENERAL	
2	SKILLED NURSING CARE	684,246
3	PHYSICAL THERAPY	21,588
4	OCCUPATIONAL THERAPY	5,846
5	SPEECH PATHOLOGY	2,327
6	MEDICAL SOCIAL SERVICES	793
7	HOME HEALTH AIDE	76,286
8	SUPPLIES	
9	DRUGS	
9.20	COST ADMINISTERING DRUGS	
10	DME	
11	HOME DIALYSIS AIDE SVCS	
12	RESPIRATORY THERAPY	
13	PRIVATE DUTY NURSING	
14	CLINIC	
15	HEALTH PROM ACTIVITIES	
16	DAY CARE PROGRAM	
17	HOME DEL MEALS PROGRAM	
18	HOMEMAKER SERVICE	
19	ALL OTHER	
19.50	TELEMEDICINE	
20	TOTAL (SUM OF 1-19) (2)	791,086
21	UNIT COST MULTIPLIER	

(1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.

(2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

Health Financial Systems MCRIF32  
 ALLOCATION OF GENERAL SERVICE  
 COSTS TO HHA COST CENTERS  
 STATISTICAL BASIS

FOR HAMMOND-HENRY HOSPITAL

IN LIEU OF FORM CMS-2552-96 (05/2007)

I PROVIDER NO: I PERIOD: I PREPARED 10/21/2010  
 I 14-1319 I FROM 6/ 1/2009 I WORKSHEET H-5  
 I HHA NO: I TO 5/31/2010 I PART II  
 I 14-7450 I I

HHA 1

HHA COST CENTER		NEW CAP REL COSTS-BLDG & (SQUARE FEET	NEW CAP REL COSTS-MVBLE (DOLLAR VALUE	EMPLOYEE BEN EFITS (GROSS SALARIES	DATA PROCESS ING (TIME SPENT	PURCHASING, RECEIVING AN (SUPPLY COST	ADMITTING (GROSS CHARGES
		3	4	5	6.02	6.03	6.04
1	ADMIN & GENERAL	1,250	13,382	83,905	75	31,826	
2	SKILLED NURSING CARE			301,057			
3	PHYSICAL THERAPY						
4	OCCUPATIONAL THERAPY						
5	SPEECH PATHOLOGY						
6	MEDICAL SOCIAL SERVICES						
7	HOME HEALTH AIDE			29,076			
8	SUPPLIES						
9	DRUGS						
9.20	COST ADMINISTERING DRUGS						
10	DME						
11	HOME DIALYSIS AIDE SVCS						
12	RESPIRATORY THERAPY						
13	PRIVATE DUTY NURSING						
14	CLINIC						
15	HEALTH PROM ACTIVITIES						
16	DAY CARE PROGRAM						
17	HOME DEL MEALS PROGRAM						
18	HOMEMAKER SERVICE						
19	ALL OTHER						
19.50	TELEMEDICINE						
20	TOTAL (SUM OF 1-19)	1,250	13,382	414,038	75	31,826	
21	COST TO BE ALLOCATED	10,850	13,614	108,886	4,429	1,755	
22	UNIT COST MULTIPLIER	8.680000	1.017337	0.262986	59.053333	0.055144	

HHA COST CENTER		CASHIERING/A CCOUNTS RECE (GROSS PT. CHARGES	RECONCILIATI ON	ADMINISTRATI VE & GENERAL (ACCUM. COST	OPERATION OF PLANT (SQUARE FEET	LAUNDRY & LI NEN SERVICE (POUNDS OF LAUNDRY	HOUSEKEEPING (HOURS OF SERVICE
		6.05	6A.06	6.06	8	9	10
1	ADMIN & GENERAL	689,526		58,462	1,250		500
2	SKILLED NURSING CARE			516,833			
3	PHYSICAL THERAPY			16,306			
4	OCCUPATIONAL THERAPY			4,415			
5	SPEECH PATHOLOGY			1,758			
6	MEDICAL SOCIAL SERVICES			599			
7	HOME HEALTH AIDE			57,621			
8	SUPPLIES						
9	DRUGS						
9.20	COST ADMINISTERING DRUGS						
10	DME						
11	HOME DIALYSIS AIDE SVCS						
12	RESPIRATORY THERAPY						
13	PRIVATE DUTY NURSING						
14	CLINIC						
15	HEALTH PROM ACTIVITIES						
16	DAY CARE PROGRAM						
17	HOME DEL MEALS PROGRAM						
18	HOMEMAKER SERVICE						
19	ALL OTHER						
19.50	TELEMEDICINE						
20	TOTAL (SUM OF 1-19)	689,526		655,994	1,250		500
21	COST TO BE ALLOCATED	5,748		62,788	17,115		3,237
22	UNIT COST MULTIPLIER	0.008336		0.095714	13.692000		6.474000

Health Financial Systems MCRIF32  
 ALLOCATION OF GENERAL SERVICE  
 COSTS TO HHA COST CENTERS  
 STATISTICAL BASIS

FOR HAMMOND-HENRY HOSPITAL

IN LIEU OF FORM CMS-2552-96 (05/2007)

I PROVIDER NO:	I PERIOD:	I PREPARED 10/21/2010
I 14-1319	I FROM 6/ 1/2009	I WORKSHEET H-5
I HHA NO:	I TO 5/31/2010	I PART II
I 14-7450	I	I

HHA 1

HHA COST CENTER	DIETARY (MEALS SERVED 11	CAFETERIA (FTE'S ) 12	NURSING ADMINISTRATION (FTE'S ) 14	CENTRAL SERVICES & SUPPLIES (COSTED ) REQUIS 15	PHARMACY (COSTED ) REQUIS 16	MEDICAL RECORDS & LIBRARY (GROSS PT. ) CHARGES 17
1 ADMIN & GENERAL						689,526
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)						689,526
21 COST TO BE ALLOCATED						8,874
22 UNIT COST MULTIPLIER						0.012870

SOCIAL SERVICE

(TIME  
SPENT )

HHA COST CENTER	18
1 ADMIN & GENERAL	2,275
2 SKILLED NURSING CARE	
3 PHYSICAL THERAPY	
4 OCCUPATIONAL THERAPY	
5 SPEECH PATHOLOGY	
6 MEDICAL SOCIAL SERVICES	
7 HOME HEALTH AIDE	
8 SUPPLIES	
9 DRUGS	
9.20 COST ADMINISTERING DRUGS	
10 DME	
11 HOME DIALYSIS AIDE SVCS	
12 RESPIRATORY THERAPY	
13 PRIVATE DUTY NURSING	
14 CLINIC	
15 HEALTH PROM ACTIVITIES	
16 DAY CARE PROGRAM	
17 HOME DEL MEALS PROGRAM	
18 HOMEMAKER SERVICE	
19 ALL OTHER	
19.50 TELEMEDICINE	
20 TOTAL (SUM OF 1-19)	2,275
21 COST TO BE ALLOCATED	43,078
22 UNIT COST MULTIPLIER	18.935385

I PROVIDER NO: I PERIOD: I PREPARED 10/21/2010  
I 14-1319 I FROM 6/ 1/2009 I WORKSHEET H-6  
I HHA NO: I TO 5/31/2010 I PARTS I II & III  
I 14-7450 I HHA 1

[ ] TITLE V [X] TITLE XVIII [ ] TITLE XIX

PART I - APPORTIONMENT OF HHA COST CENTERS:

COMPUTATION OF THE LESSER OF AGGREGATE MEDICARE COST OR THE AGGREGATE OF THE MEDICARE LIMITATION

COST PER VISIT COMPUTATION	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM WKST H-5 PART I)	SHARED ANCILLARY COSTS (FROM PART II)	TOTAL HHA COSTS	TOTAL VISITS	AVERAGE COST PER VISIT	PROGRAM VISITS
PATIENT SERVICES							PART A
		1	2	3	4	5	6
1 SKILLED NURSING	2	684,246		684,246	4,534	150.91	1,416
2 PHYSICAL THERAPY	3	21,588	147,489	169,077	2,013	83.99	1,038
3 OCCUPATIONAL THERAPY	4	5,846	33,288	39,134	545	71.81	176
4 SPEECH PATHOLOGY	5	2,327	2,970	5,297	217	24.41	12
5 MEDICAL SOCIAL SERVICES	6	793		793	74	10.72	24
6 HOME HEALTH AIDE SERVICE	7	76,286		76,286	1,389	54.92	457
7 TOTAL		791,086	183,747	974,833	8,772		3,123

	-----PROGRAM VISITS-----		-----COST OF SERVICES-----		
	-----PART B-----		-----PART B-----		
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	TOTAL PROGRAM COST
	7	8	9	10	11
1 SKILLED NURSING	1,946		213,689	293,671	507,360
2 PHYSICAL THERAPY	803		87,182	67,444	154,626
3 OCCUPATIONAL THERAPY	325		12,639	23,338	35,977
4 SPEECH PATHOLOGY	2		293	49	342
5 MEDICAL SOCIAL SERVICES	45		257	482	739
6 HOME HEALTH AIDE SERVICES	785		25,098	43,112	68,210
7 TOTAL	3,906		339,158	428,096	767,254

LIMITATION COST COMPUTATION					PROGRAM COST LIMITS	PROGRAM VISITS
PATIENT SERVICES						PART A
	1	2	3	4	5	6
8 SKILLED NURSING	1960					
9 PHYSICAL THERAPY	1960					
10 OCCUPATIONAL THERAPY	1960					
11 SPEECH PATHOLOGY	1960					
12 MEDICAL SOCIAL SERVICES	1960					
13 HOME HEALTH AIDE SERVICE	1960					
14 TOTAL						

	-----PROGRAM VISITS-----		-----COST OF SERVICES-----		
	-----PART B-----		-----PART B-----		
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	TOTAL PROGRAM COST
	7	8	9	10	11
8 SKILLED NURSING					
9 PHYSICAL THERAPY					
10 OCCUPATIONAL THERAPY					
11 SPEECH PATHOLOGY					
12 MEDICAL SOCIAL SERVICES					
13 HOME HEALTH AIDE SERVICE					
14 TOTAL					

I PROVIDER NO: I PERIOD: I PREPARED 10/21/2010  
I 14-1319 I FROM 6/ 1/2009 I WORKSHEET H-6  
I HHA NO: I TO 5/31/2010 I PARTS I II & III  
I 14-7450 I HHA 1

[ ] TITLE V [X] TITLE XVIII [ ] TITLE XIX

PART I - APPORTIONMENT OF HHA COST CENTERS:

COMPUTATION OF THE LESSER OF AGGREGATE MEDICARE COST OR THE AGGREGATE OF THE MEDICARE LIMITATION

SUPPLIES AND EQUIPMENT COST COMPUTATION	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM WKST H-5 PART I) 1	SHARED ANCILLARY COSTS (FROM PART II) 2	TOTAL HHA COSTS 3	TOTAL CHARGES 4	RATIO 5	PROGRAM COVERED CHARGES PART A 6
15 COST OF MEDICAL SUPPLIES	8.00		745	745	8,000	.093125	1,623
16 COST OF DRUGS	9.00						
16.20 COST OF DRUGS	9.20						

	PROGRAM COVERED CHARGES		COST OF SERVICES	
	NOT SUBJECT TO DEDUCT & COINSUR 7	SUBJECT TO DEDUCT & COINSUR 8	NOT SUBJECT TO DEDUCT & COINSUR 10	SUBJECT TO DEDUCT & COINSUR 11
15 COST OF MEDICAL SUPPLIES	2,421		151	225
16 COST OF DRUGS				
16.20 COST OF DRUGS				

PER BENEFICIARY COST LIMITATION:	MSA NUMBER 1	AMOUNT 2
162 PROGRAM UNDUP CENSUS FROM WRKST S-4	1960	
17 PER BENE COST LIMITATION (FRM FI)	1960	
18 PER BENE COST LIMITATION (LN 17*18)		

PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS

	FROM WKST C PT I, COL 9	COST TO CHARGE RATIO 1	TOTAL HHA CHARGES 2	HHA SHARED ANCILLARY COSTS 3	TRANSFER TO PART I AS INDICATED 4
1 PHYSICAL THERAPY	50	.486385	303,236	147,489	COL 2, LN 2
2 OCCUPATIONAL THERAPY	51	.401500	82,910	33,288	COL 2, LN 3
3 SPEECH PATHOLOGY	52	1.650043	1,800	2,970	COL 2, LN 4
4 MEDICAL SUPPLIES CHARGED TO PATIENT	55	.093116	8,000	745	COL 2, LN 15
5 DRUGS CHARGED TO PATIENTS	56	.273139			COL 2, LN 16

PART III - OUTPATIENT THERAPY REDUCTION COMPUTATION

	FROM PART I, COL 5 1	COST PER VISIT 2	PART B SERVICES SUBJECT TO DEDUCTIBLES AND COINSURANCE		PROGRAM COSTS		PROG VISITS ON OR AFTER 1/1/1999 5
			PRIOR 1/1/1998 2.01	1/1/1998 TO 12/31/1998 3	PRIOR 1/1/1998 3.01	1/1/1998 TO 12/31/1998 4	
1 PHYSICAL THERAPY	2	83.99					
2 OCCUPATIONAL THERAPY	3	71.81					
3 SPEECH PATHOLOGY	4	24.41					
4 TOTAL (SUM OF LINES 1-3)							

CALCULATION OF HHA REIMBURSEMENT  
SETTLEMENT

I PROVIDER NO:	I PERIOD:	I PREPARED 10/21/2010
I 14-1319	I FROM 6/ 1/2009	I WORKSHEET H-7
I HHA NO:	I TO 5/31/2010	I PARTS I & II
I 14-7450	I	I

## TITLE XVIII

## HHA 1

## PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES

## PART A

PART B  
NOT SUBJECT TO  
DED & COINS  
2PART B  
SUBJECT TO  
DED & COINS  
3

1	REASONABLE COST OF SERVICES		
2	TOTAL CHARGES	367,569	466,869
	CUSTOMARY CHARGES		
3	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		
4	AMOUNT THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(B)		
5	RATIO OF LINE 3 TO 4 (NOT TO EXCEED 1.000000)		
6	TOTAL CUSTOMARY CHARGES	367,569	466,869
7	EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST	367,569	466,869
8	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		
9	PRIMARY PAYOR AMOUNTS		

## PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

PART A  
SERVICES  
1PART B  
SERVICES  
2

10	TOTAL REASONABLE COST		
10.01	TOTAL PPS REIMBURSEMENT-FULL EPISODES WITHOUT OUTLIERS	372,955	475,725
10.02	TOTAL PPS REIMBURSEMENT-FULL EPISODES WITH OUTLIERS	6,139	8,352
10.03	TOTAL PPS REIMBURSEMENT-LUPA EPISODES	3,728	7,951
10.04	TOTAL PPS REIMBURSEMENT-PEP EPISODES	5,147	1,495
10.05	TOTAL PPS REIMBURSEMENT-SCIC WITHIN A PEP EPISODE		
10.06	TOTAL PPS REIMBURSEMENT-SCIC EPISODES		
10.07	TOTAL PPS OUTLIER REIMBURSEMENT-FULL EPISODES WITH OUTLIERS		
10.08	TOTAL PPS OUTLIER REIMBURSEMENT-PEP EPISODES		
10.09	TOTAL PPS OUTLIER REIMBURSEMENT-SCIC WITHIN A PEP EPISODE		
10.10	TOTAL PPS OUTLIER REIMBURSEMENT-SCIC EPISODES		
10.11	TOTAL OTHER PAYMENTS		
10.12	DME PAYMENTS		
10.13	OXYGEN PAYMENTS		
10.14	PROSTHETIC AND ORTHOTIC PAYMENTS		
11	PART B DEDUCTIBLES BILLED TO MEDICARE PATIENTS (EXCLUDE COINSURANCE)		
12	SUBTOTAL	387,969	493,523
13	EXCESS REASONABLE COST		
14	SUBTOTAL	387,969	493,523
15	COINSURANCE BILLED TO PROGRAM PATIENTS		
16	NET COST	387,969	493,523
17	REIMBURSABLE BAD DEBTS		
17.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		
18	TOTAL COSTS - CURRENT COST REPORTING PERIOD	387,969	493,523
19	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
20	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM AGENCIES' TERMINATION OR DECREASE IN MEDICARE UTILIZATION		
21	OTHER ADJUSTMENTS (SPECIFY)		
22	SUBTOTAL	387,969	493,523
23	SEQUESTRATION ADJUSTMENT		
24	SUBTOTAL	387,969	493,523
25	INTERIM PAYMENTS	387,969	493,426
25.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
26	BALANCE DUE PROVIDER/PROGRAM		97
27	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II SECTION 115.2		



ANALYSIS OF PAYMENTS TO PROVIDER-BASED HHAS FOR SERVICES RENDERED TO  
PROGRAM BENEFICIARIES

I PROVIDER NO:	I PERIOD:	I PREPARED 10/21/2010
I 14-1319	I FROM 6/ 1/2009	I WORKSHEET H-8
I HHA NO:	I TO 5/31/2010	I
I 14-7450	I	I

TITLE XVIII

HHA 1

## DESCRIPTION

	P A R T A MM/DD/YYYY 1	AMOUNT 2	P A R T B MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		387,969		493,426
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER	.01			
ADJUSTMENTS TO PROVIDER	.02			
ADJUSTMENTS TO PROVIDER	.03			
ADJUSTMENTS TO PROVIDER	.04			
ADJUSTMENTS TO PROVIDER	.05			
ADJUSTMENTS TO PROGRAM	.50			
ADJUSTMENTS TO PROGRAM	.51			
ADJUSTMENTS TO PROGRAM	.52			
ADJUSTMENTS TO PROGRAM	.53			
ADJUSTMENTS TO PROGRAM	.54			
SUBTOTAL	.99			
4 TOTAL INTERIM PAYMENTS		NONE 387,969		NONE 493,426
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER	.01			
TENTATIVE TO PROVIDER	.02			
TENTATIVE TO PROVIDER	.03			
TENTATIVE TO PROGRAM	.50			
TENTATIVE TO PROGRAM	.51			
TENTATIVE TO PROGRAM	.52			
SUBTOTAL	.99			
6 DETERMINED NET SETTLEMENT		NONE		NONE
AMOUNT (BALANCE DUE)				97
BASED ON COST REPORT (1)				
7 TOTAL MEDICARE PROGRAM LIABILITY		387,969		493,523

NAME OF INTERMEDIARY:  
INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: \_\_\_\_\_

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

(1) ON LINES 3, 5 AND 6, WHERE AN AMOUNT IS DUE PROVIDER TO PROGRAM, SHOW THE AMOUNT AND DATE ON WHICH THE PROVIDER AGREES TO THE AMOUNT OF REPAYMENT, EVEN THOUGH TOTAL REPAYMENT IS NOT ACCOMPLISHED UNTIL A LATER DATE.